

F: PAST MEDICAL HISTORY	
Major illnesses / operations:	
Parity:	Obstetric complication?
CURRENT MEDICATION:	
Any previous investigation or treatment of incontinence?	
G: BOWELS	
Usual bowel habit:	Constipation?
Laxatives or special diet used:	
Faecal Incontinence?	
H: MOBILITY	
Problems with mobility?	Aid used:
Needs what type of assistance?	
Difficulties in transfer to / onto lavatory?	
Foot problems?	Eyesight?
Manual dexterity problems?	Clothing suitable?
Observe self-toileting and comment on difficulties:	
Problems with personal hygiene and self care?	
I: PSYCHOLOGICAL STATE	
Attitude to incontinence:	
Anxiety?	
Depression?	
Impaired mental abilities?	
Additional Information:	
<div style="text-align: center; margin-top: 20px;"> <i>Signature:</i> _____ <i>Date:</i> _____ </div>	