

ANORECTAL ASSESMENT

Last Name

First Name

Reason for Consultation

☐ Incontinence

☐ Constipation

☐ Other

Time since onset of complaint

☐ Recent

☐ > 1 year

☐ > 5 years

Lifestyle

Profession:

☐ Exercises

☐ Tobacco

☐ Alcohol

Medical Background

☐ Fistula

☐ Rectocele

☐ Myography of the levator ani

☐ Fissure

☐ Prostate

☐ Haemorrhoids

☐ Muscular plastic surgery

Other Factors

☐ Overweight

☐ Intestinal disease

☐ High blood pressure

☐ Diabetes

☐ Depression

Previous Treatments

Medical

Surgical

☐ Re-education through Biofeedback

☐ Re-education through Electrotherap

Other

Clinical Evaluation

Beginning	Middle	End
<u>Incontinence:</u>	<u>Incontinence:</u>	<u>Incontinence:</u>
<input type="checkbox"/> Diurnal	<input type="checkbox"/> Diurnal	<input type="checkbox"/> Diurnal
<input type="checkbox"/> Nocturnal	<input type="checkbox"/> Nocturnal	<input type="checkbox"/> Nocturnal
<u>Stools:</u>	<u>Stools:</u>	<u>Stools:</u>
<input type="checkbox"/> Solid	<input type="checkbox"/> Solid	<input type="checkbox"/> Solid
<input type="checkbox"/> Liquid	<input type="checkbox"/> Liquid	<input type="checkbox"/> Liquid
<input type="checkbox"/> Mucus	<input type="checkbox"/> Mucus	<input type="checkbox"/> Mucus
<u>Constipation:</u>	<u>Constipation:</u>	<u>Constipation:</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Testing:</u>	<u>Testing:</u>	<u>Testing:</u>
<input type="checkbox"/> Synchronism of the anal opening	<input type="checkbox"/> Synchronism of the anal opening	<input type="checkbox"/> Synchronism of the anal opening
<input type="checkbox"/> Abdominoperineal asynchrony	<input type="checkbox"/> Abdominoperineal asynchrony	<input type="checkbox"/> Abdominoperineal asynchrony
<input type="checkbox"/> Abdominal incompetence	<input type="checkbox"/> Abdominal incompetence	<input type="checkbox"/> Abdominal incompetence
<input type="checkbox"/> Inversion of command	<input type="checkbox"/> Inversion of command	<input type="checkbox"/> Inversion of command
Thrust direction	Thrust direction	Thrust direction
<input type="text"/>	<input type="text"/>	<input type="text"/>
Thrust increase	Thrust increase	Thrust increase
<input type="text"/>	<input type="text"/>	<input type="text"/>
Rating: external anal sphincter	Rating: external anal sphincter	Rating: external anal sphincter
<input type="text"/>	<input type="text"/>	<input type="text"/>
Rating: internal anal sphincter	Rating: internal anal sphincter	Rating: internal anal sphincter
<input type="text"/>	<input type="text"/>	<input type="text"/>
Rating: puborectal sling	Rating: puborectal sling	Rating: puborectal sling
Left	Left	Left
<input type="text"/>	<input type="text"/>	<input type="text"/>
Right	Right	Right
<input type="text"/>	<input type="text"/>	<input type="text"/>