

PUDENDAL NERVE BLOCK: RESULTS FORM

Please answer the questions below and bring this form to your follow-up appointment.

Your Name: _____

Date of diagnostic PNB: ____ / ____ / ____

Please circle **ONE** only: Left PNB Right PNB Left and Right PNB

Did you experience numbness of the perineum? (saddle area between legs)?	Yes	No
Did your pain / symptoms completely resolve while you were numb?	Yes	No
Comments:		

Your pain/symptoms the day **before** the block:



Your pain/symptoms when you woke up **after** the block?



Your pain /symptoms the **day after** the block?

