



ELYSARA
endometriosis management

The Elysara Endometriosis Systems Map™

NEW PATIENT MULTISYSTEM INTAKE

One disease. Multiple pathways. The whole patient.

Date completed

Preferred phone/email

Patient name

Date of birth

HOW TO USE THIS FORM

This questionnaire helps your care team understand your complete symptom history and identify symptom pathways that may warrant further discussion, examination, testing or referral. A checked symptom does not mean endometriosis caused it and does not diagnose another condition. Please include both current and important past symptoms.

For clinical intake and care-planning use. Not a stand-alone diagnostic instrument.

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1. Your Endometriosis Story

Start with the timeline. Symptoms may change across puberty, cycles, pregnancy, surgery and menopause.

WHAT BRINGS YOU TO ELYSARA?

- | | |
|--|---|
| ☐ Suspected endometriosis | ☐ Fertility concerns |
| ☐ Confirmed endometriosis | ☐ Hormonal/cycle concerns |
| ☐ Adenomyosis | ☐ Chronic pelvic pain |
| ☐ Persistent symptoms after surgery | ☐ Long-term management after surgery |
| ☐ Preparing for surgery | ☐ Other |

When did your symptoms first begin?

Age when periods began

Were symptoms present before your first period?

- ☐ Yes
 ☐ No
 ☐ Unsure

If yes, what symptoms?

Endometriosis diagnosis status

- ☐ Confirmed
 ☐ Suspected
 ☐ No diagnosis

How was it diagnosed?

- ☐ Surgery/pathology
 ☐ Imaging
 ☐ Clinical
 ☐ Other

Number of pelvic/endometriosis surgeries

Have you had excision surgery?

- ☐ Yes
 ☐ No
 ☐ Unsure

Have symptoms continued or returned after surgery?

- ☐ Yes
 ☐ No
 ☐ N/A

Patient name:

DOB:

2. Pelvic + Reproductive Pathway

Check symptoms you currently experience or have experienced historically.

PERIODS + CYCLE

- | | |
|--|---|
| ☐ Severe menstrual cramps | ☐ Irregular periods |
| ☐ Pelvic pain before period | ☐ Spotting before period |
| ☐ Pelvic pain during period | ☐ Pain with ovulation |
| ☐ Pelvic pain after period | ☐ Pain between periods |
| ☐ Heavy bleeding | ☐ Little/no period pain despite other symptoms |
| ☐ Clots | |

PELVIC + SEXUAL / VULVAR SYMPTOMS

- | | |
|--|--|
| ☐ Chronic pelvic pain | ☐ Leg pain |
| ☐ Rectal pressure | ☐ Deep pain with intercourse |
| ☐ Vaginal pressure | ☐ Pain at vaginal entrance |
| ☐ Pelvic heaviness | ☐ Pain after intercourse |
| ☐ Low-back pain | ☐ Vulvar pain / vulvodynia |
| ☐ Hip pain | ☐ Burning |
| ☐ Groin pain | ☐ Pelvic-floor spasms |
| ☐ Tailbone pain | ☐ Difficulty with penetration |

BLADDER

- | | |
|---|--|
| ☐ Urinary urgency | ☐ Bladder pressure |
| ☐ Urinary frequency | ☐ UTI-like symptoms with negative cultures |
| ☐ Pain with full bladder | ☐ Diagnosed interstitial cystitis / bladder pain syndrome |
| ☐ Pain with urination | |

Patient name:

DOB:

3. Gastrointestinal (GI) Pathway

GI symptoms may have more than one contributor; this section maps the pattern rather than assigning a cause.

- | | |
|--|---|
| ☐ Severe bloating / “endo belly” | ☐ Vomiting |
| ☐ Bloating that changes during cycle | ☐ Reflux / heartburn |
| ☐ Abdominal distention | ☐ Early fullness |
| ☐ Constipation | ☐ Abdominal pain after eating |
| ☐ Diarrhea | ☐ Food sensitivities |
| ☐ Alternating constipation / diarrhea | ☐ Excessive gas |
| ☐ Painful bowel movements | ☐ Difficulty completely emptying bowel |
| ☐ Rectal pain | ☐ Blood with bowel movements |
| ☐ Nausea | ☐ Mucus in stool |

PRIOR GI DIAGNOSES

- | | |
|---|---|
| ☐ IBS | ☐ Inflammatory bowel disease |
| ☐ SIBO | ☐ Motility disorder |
| ☐ Gastroparesis | ☐ None |
| ☐ Celiac disease | |

Do GI symptoms worsen around your period?

- ☐ Yes
 ☐ No
 ☐ Unsure

Have GI symptoms continued after endometriosis surgery?

- ☐ Yes
 ☐ No
 ☐ N/A

Foods, timing, or other triggers you have noticed

Patient name:

DOB:

4. Cardiovascular + Autonomic Pathway

These symptoms can have many causes. Significant chest pain, severe shortness of breath or fainting requires appropriate medical evaluation.

HEART + CIRCULATION

- | | |
|---|---|
| ☐ Racing heart / palpitations | ☐ Heart murmur |
| ☐ Rapid heart rate when standing | ☐ Irregular heartbeat |
| ☐ Chest pressure / discomfort | ☐ Blood-pressure fluctuations |
| ☐ Shortness of breath | ☐ Unexplained low blood pressure |
| ☐ Exercise intolerance | |

ORTHOSTATIC + AUTONOMIC SYMPTOMS

- | | |
|--|--|
| ☐ Dizziness when standing | ☐ Cold intolerance |
| ☐ Lightheadedness | ☐ Excessive sweating |
| ☐ Near-fainting | ☐ Reduced sweating |
| ☐ Fainting | ☐ Shaking / trembling |
| ☐ Symptoms improve when lying down | ☐ Adrenaline-like episodes |
| ☐ Difficulty standing for prolonged periods | ☐ Severe fatigue after activity |
| ☐ Heat intolerance | |

PRIOR DIAGNOSES

- | | |
|--|--|
| ☐ POTS | ☐ Arrhythmia |
| ☐ Dysautonomia | ☐ Other cardiac condition |
| ☐ Vasovagal syncope | ☐ None |

Did fainting/dizziness begin around puberty or menstruation?

- ☐ Yes
 ☐ No
 ☐ Unsure

Patient name:

DOB:

5. Nervous System + Pain Pathway

Map the quality, distribution and persistence of pain - not only its location.

- | | |
|---|--|
| ☐ Migraines | ☐ Electric / shooting pain |
| ☐ Headaches | ☐ Sciatica-like symptoms |
| ☐ Menstrual migraines | ☐ Pain traveling down leg |
| ☐ Brain fog | ☐ Unexplained nerve pain |
| ☐ Difficulty concentrating | ☐ Muscle spasms |
| ☐ Light sensitivity | ☐ Widespread body pain |
| ☐ Sound sensitivity | ☐ Pain from normally non-painful touch |
| ☐ Dizziness / vertigo | ☐ Pain persists after original trigger resolves |
| ☐ Numbness | ☐ Increased pain sensitivity |
| ☐ Tingling | ☐ Difficulty sleeping because of pain |
| ☐ Burning pain | |

Where does pain spread beyond the pelvis?

Do symptoms flare together across different systems?

- ☐ Frequently
 ☐ Sometimes
 ☐ Never
 ☐ Unsure

Patient name:

DOB:

6. Immune + Neuroimmune Pathway

This section identifies inflammatory, sensitivity and cross-system flare patterns. It does not diagnose immune or mast-cell disorders.

IMMUNE / INFLAMMATORY CLUES

- | | |
|---|---|
| ☐ Frequent inflammatory flares | ☐ Hives |
| ☐ Unexplained swelling | ☐ Itching |
| ☐ Joint pain | ☐ Flushing |
| ☐ Muscle aches | ☐ Allergic-type reactions |
| ☐ Chronic fatigue | ☐ Multiple medication sensitivities |
| ☐ Flu-like feeling without infection | ☐ Multiple food sensitivities |
| ☐ Tender/enlarged lymph nodes | ☐ Seasonal/environmental sensitivities |
| ☐ Recurrent rashes | ☐ Histamine-type symptoms |

Diagnosed autoimmune condition?

- ☐ Yes ☐ No

If yes, which condition(s)?

Family history of autoimmune disease?

- ☐ Yes ☐ No ☐ Unsure

NEUROIMMUNE FLARE PATTERN

- | | |
|---|---|
| ☐ Stress significantly increases physical symptoms | ☐ Migraines/headaches increase with pelvic flares |
| ☐ Poor sleep increases pain | ☐ Heart-rate/dizziness symptoms increase during flares |
| ☐ Illness/infection triggers prolonged flares | ☐ Fatigue becomes severe during flares |
| ☐ Menstruation triggers whole-body symptoms | ☐ Touch/pressure becomes painful during flares |
| ☐ Pain continues outside the menstrual cycle | ☐ Symptoms remain despite treatment of pelvic disease |
| ☐ GI symptoms increase when pain increases | |

Patient name:

DOB:

7. Connective Tissue + Vascular Clues

Screening clues only - this is not an EDS diagnostic test.

- | | |
|---|---|
| ☐ Very flexible / hypermobile joints | ☐ Slow / poor wound healing |
| ☐ Could/can do splits easily | ☐ Unusual / widened scars |
| ☐ Frequent sprains | ☐ Hernias |
| ☐ Joint instability | ☐ Pelvic organ prolapse |
| ☐ Joint subluxations/dislocations | ☐ Varicose veins at a young age |
| ☐ Chronic joint pain | ☐ Prominent veins |
| ☐ Unusually soft / velvety skin | ☐ Raynaud-type color changes |
| ☐ Stretchy skin | ☐ Hands/feet frequently cold |
| ☐ Easy bruising | ☐ Swelling in legs/hands |
| ☐ Bruising without remembered injury | ☐ Family history of hypermobility or EDS |

Anything else about joints, skin, bruising, veins or healing?

Patient name:

DOB:

8. Pelvic Floor + Musculoskeletal Pathway

Muscle guarding, instability and pelvic-floor dysfunction can coexist with pelvic disease and influence symptoms.

- | | |
|---|---|
| ☐ Pelvic-floor tightness | ☐ SI-joint pain |
| ☐ Pelvic-floor weakness | ☐ Low-back pain |
| ☐ Pelvic muscle spasms | ☐ Tailbone pain |
| ☐ Painful intercourse | ☐ Abdominal-wall pain |
| ☐ Difficulty inserting tampon | ☐ Trigger points |
| ☐ Constipation requiring straining | ☐ Pain with prolonged sitting |
| ☐ Urinary leakage | ☐ Pain with prolonged standing |
| ☐ Hip tightness | ☐ Difficulty exercising because of pelvic symptoms |
| ☐ Hip instability | |

Have you had pelvic-floor physical therapy?

- ☐ Yes ☐ No

If yes, did it help?

- ☐ Significantly ☐ Somewhat ☐ No ☐ Made symptoms worse

Other PT, chiropractic, myofascial or rehabilitation treatments

Patient name:

DOB:

9. Hormonal + Reproductive + Iron Clues

These factors can shape symptom burden, fertility planning and recovery.

HORMONAL + REPRODUCTIVE

- | | |
|--|---|
| ☐ Symptoms worsen before period | ☐ Hormonal migraines |
| ☐ Symptoms worsen during ovulation | ☐ Acne/hormonal skin changes |
| ☐ Severe PMS | ☐ Irregular ovulation |
| ☐ Significant mood changes around cycle | ☐ PCOS |
| ☐ Breast tenderness/swelling | ☐ Adenomyosis |
| ☐ Fluid retention | ☐ Fibroids |

FERTILITY HISTORY

- | | |
|--|--|
| ☐ Difficulty conceiving | ☐ Recurrent pregnancy loss |
| ☐ Unexplained infertility | ☐ Fertility preservation / egg freezing |
| ☐ IVF/IUI history | ☐ Not applicable |
| ☐ Pregnancy loss | |

Mother's menstrual/endometriosis history

Family history: endometriosis, adenomyosis, infertility or severe periods

IRON + NUTRITION CLUES

- | | |
|---|---|
| ☐ Heavy menstrual bleeding | ☐ Hair loss |
| ☐ Previous low ferritin | ☐ Restless legs |
| ☐ Iron deficiency | ☐ Shortness of breath |
| ☐ Iron-deficiency anemia | ☐ Ice craving / pica |
| ☐ Previous iron infusion | ☐ Poor appetite |
| ☐ Fatigue | ☐ Restricted diet because of GI symptoms |

Patient name:

DOB:

10. Surgery + After Surgery

Surgery can be an important step. This section helps identify what improved and what still needs care.

Surgeon(s)

Surgery date(s)

PROCEDURES YOU KNOW WERE PERFORMED

- ☐ Excision of endometriosis

☐ Ablation

☐ Ovarian endometrioma surgery

☐ Adhesiolysis

☐ Bowel surgery

☐ Appendectomy
- ☐ Ureterolysis

☐ Bladder surgery

☐ Hysterectomy

☐ Salpingectomy

☐ Oophorectomy

☐ Other

What improved after surgery?

What did NOT improve?

What symptoms developed or worsened afterward?

11. Your Personal Symptom Map

Tell us which areas affect your daily life most. This helps guide the conversation - it is not a diagnostic score.

PATHWAYS AFFECTING YOUR QUALITY OF LIFE

Pelvic / Reproductive	Rank (1 = greatest impact)	
GI	Rank (1 = greatest impact)	
Cardiovascular / Autonomic	Rank (1 = greatest impact)	
Nervous System / Pain	Rank (1 = greatest impact)	
Immune / Inflammatory	Rank (1 = greatest impact)	
Neuroimmune	Rank (1 = greatest impact)	
Connective Tissue / Vascular	Rank (1 = greatest impact)	
Pelvic Floor / Musculoskeletal	Rank (1 = greatest impact)	
Hormonal / Reproductive	Rank (1 = greatest impact)	

YOUR THREE MOST DISRUPTIVE SYMPTOMS

1.

2.

3.

What do you most want help with?

TO BE COMPLETED BY THE CLINICIAN

12. Provider-Only Systems Map™

Clinical pattern recognition and care-planning aid. Symptom burden is not equivalent to diagnosis.

Pelvic / Endometriosis	☐ Low	☐ Moderate	☐ High
GI	☐ Low	☐ Moderate	☐ High
Cardiovascular / Autonomic	☐ Low	☐ Moderate	☐ High
Nervous System / Pain	☐ Low	☐ Moderate	☐ High
Immune / Inflammatory	☐ Low	☐ Moderate	☐ High
Neuroimmune Intersection	☐ Low	☐ Moderate	☐ High
Connective Tissue / Vascular	☐ Low	☐ Moderate	☐ High
Pelvic Floor / Musculoskeletal	☐ Low	☐ Moderate	☐ High
Hormonal / Reproductive	☐ Low	☐ Moderate	☐ High

POTENTIAL FOLLOW-UP PATHWAY

- | | |
|--|--|
| ☐ Endometriosis surgeon | ☐ Rheumatology |
| ☐ Gynecology | ☐ Genetics / connective-tissue evaluation |
| ☐ Pelvic-floor PT | ☐ Urology |
| ☐ Gastroenterology | ☐ Fertility |
| ☐ Cardiology | ☐ Functional / integrative assessment |
| ☐ Autonomic/POTS evaluation | ☐ Nutrition |
| ☐ Pain medicine / physiatry | ☐ Other |
| ☐ Neurology | |

RED-FLAG REVIEW

Provider review status

- ☐ None identified
 ☐ Requires clinician review
 ☐ Requires urgent medical evaluation

Provider notes / care-plan priorities

Patient name:

DOB:

TO BE COMPLETED BY THE CLINICIAN

13. Provider Follow-Up + Clinical Data

Use clinical judgment to select appropriate evaluation. This page is intentionally not patient-scored.

RECORDS / INFORMATION TO OBTAIN

- | | |
|---|---|
| ☐ Prior operative report | ☐ Pelvic-floor PT records |
| ☐ Pathology | ☐ Fertility records |
| ☐ Surgical photographs | ☐ Medication list |
| ☐ Pelvic imaging | ☐ Supplement list |
| ☐ GI records | ☐ Family history clarification |
| ☐ Cardiology records | |

LABORATORY / CLINICAL ASSESSMENT - CLINICIAN SELECTED

Document clinically indicated testing here. The Elysara provider may consider prior CBC/iron studies and ferritin, metabolic and nutritional markers, thyroid/hormonal evaluation, inflammatory/coagulation markers such as fibrinogen, or other testing based on the individual history and examination. This form does not prescribe a universal laboratory panel.

Tests / records ordered or reviewed

Referrals placed

Follow-up timing / care coordination

CLINICAL SUMMARY

Dominant symptom pathways + key clinical questions

Patient name:

DOB: