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# Pelvic Wellness CENTER

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Restoring function through physical therapy

## PELVIC WELLNESS CENTER REFERRAL FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD-9 Code \_\_\_\_\_

Surgery/Injury Date \_\_\_\_\_ Precautions/Contraindications \_\_\_\_\_

### DIAGNOSIS

#### MUSCULOSKELATAL DYSFUNCTIONS

- Abdominal Wall Pain
- Back Pain
- Coccygodynia
- Diastasis Recti
- Hip Pain
- Lower Extremity Pain
- Obstetrical Low Back Pain
- Sacral Iliac Dysfunction
- Muscle Weakness
- Muscle Incoordination
- Other \_\_\_\_\_

#### GENITOURINARY DISORDERS/WEAKNESS

- Fecal/Anal Incontinence
- Pelvic Organ Prolapse:
  - Cystocele
  - Rectocele
  - Enterocele
  - Uterine Prolapse
- Stress Urinary Incontinence
- Urge Urinary Incontinence
- Urinary Frequency
- Voiding Dysfunction
- Other \_\_\_\_\_

#### GENITOURINARY PAIN

- Anismus
- Dyspareunia
- Levator Ani Syndrome
- Painful Episiotomy
- Pelvic Pain
- Proctalgia Fugax
- Vulvodynia
- Other \_\_\_\_\_

#### PEDIATRIC INCONTINENCE & PELVIC FLOOR DYSFUNCTION

- Enuresis
- Urge Incontinence
- Bedwetting
- Encopresis
- Dysfunctional Voiding
- Other \_\_\_\_\_

#### SEXUAL HEALTH DYSFUNCTION

- Other \_\_\_\_\_

### PHYSICAL THERAPY TREATMENT PLAN

#### EVALUATE AND TREAT

- Therapeutic Exercise
- EMG Biofeedback
- Heat/Ice
- Electric Stimulation
- Behavior Modification (Bladder Training)
- Ultrasound
- Manual Therapy
- Other \_\_\_\_\_

#### NOTES

Referring Provider \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_