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Pelvic Wellness CENTER

Restoring function through physical therapy

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PELVIC WELLNESS CENTER REFERRAL FORM

Name _____ Date _____
DOB _____ Phone _____
Diagnosis _____ ICD-10 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 _____

PHYSICAL THERAPY TREATMENT PLAN

Home Health for Postpartum

Evaluation and Treatment

- Positioning with baby
- Home Safety
- Bladder/Bowel Training
- Scar Management
- Manual Therapy
- ADL Training
- Bracing/Support

NOTES

email salem.info@pelvicwellnesscenter.com

website www.pelvicwellnesscenter.com

Referring Provider _____

Provider Signature _____ Date _____