

Integrative Pelvic Health

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<http://www.ktrottapelvichealth.com>

Pelvic Physical Therapy Referral Form

Phone: 916-918-7611 FAX: 510-250-4612

Date _____

Name _____ DOB _____ Phone _____

Diagnosis _____ ICD-10 Codes _____

DIAGNOSIS

GENITOURINARY/ GASTROINTESTINAL

- ☐ STRESS UI
- ☐ URGE UI
- ☐ URINARY FREQUENCY
- ☐ OVERACTV BLADDER
- ☐ VOIDING DYSFCTION
- ☐ NOCTURIA
- ☐ Dysynergic Defecation
- ☐ CONSTIPATION
- ☐ IBS/IBD
- ☐ PROCTALGIA FUGAX
- ☐ Other _____

GYNECOLOGICAL/ OBSTRECTRIC

- ☐ PELVIC PAIN
- ☐ Pelvic Organ Prolapse:
 - ☐ Cystocele
 - ☐ Rectocele
 - ☐ Enterocoele
 - ☐ Uterine Prolapse
- ☐ DYSPAREUNIA
- ☐ Painful Episiotomy Scar
- ☐ Painful Cesarean Scar
- ☐ Pubic Symphysis Pain
- ☐ Other _____

ORTHOPEDIC DYSFUNCTION

- ☐ LOW BACK PAIN
- ☐ THORACIC PAIN
- ☐ HIP PAIN
- ☐ SI JOINT PAIN
- ☐ NECK PAIN
- ☐ Proctalgia Fugax
- ☐ Vulvodynia
- ☐ Other _____

MEN'S HEALTH

PRE-PROSTATECTOMY
POST-PROSTATECTOMY

- ☐ PELVIC PAIN
- ☐ STRESS UI
- ☐ ERECTILE
DYSFUNCTION
- ☐
- ☐
- ☐ Other _____

SEXUAL HEALTH DYSFUNCTION

- ☐ Other _____

PHYSICAL THERAPY TREATMENT PLAN

☐ EVALUATE AND TREAT

- ☐ Therapeutic Exercise
- ☐ Biofeedback
- ☐ Neuromuscular Re-Education
- ☐ Electric Stimulation
- ☐ Behavior Modification (Bladder Training)
- ☐ Myofascial Release
- ☐ Manual Therapy
- ☐ Other _____

NOTES

Referring Provider _____ Provider Signature _____ Date _____