

## Physical Therapy Referral

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Evaluation and treat per therapist discretion

Special Instructions: \_\_\_\_\_

Test Results: \_\_\_\_\_

Frequency /Duration: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

### Diagnosis

#### Musculoskeletal Conditions

- TOS
- Lumbar Instability
- Coccydynia
- Diastasis Recti
- Hip Joint/Pelvis/Thigh Pain
- Spinal Pain
- SI dysfunction
- Sciatica or other Radiculopathy
- Cervicogenic Headache
- Myofascial Pain
- Postpartum Disorders
- TMJ - Orofacial Pain
- Repetitive Strain Injury

#### Pelvic Muscle Dysfunctions

- Muscle incoordination/dysfunction
- Myalgia/Myositis
- Muscle spasm
- Muscle weakness

#### Pelvic Pain/Abdominal Pain

- Dyspareunia, female
- Endometriosis
- Interstitial cystitis
- Painful scar/adhesions
- Pelvic pain
- Vaginismus
- Vulvodynia/Vestibulitis
- Pudendal Neuralgia
- Chronic Prostatitis or BPH
- Quadrant Pain
- GERD
- Genital Pain
- Post-surgical genital/pelvic reconstruction

#### Genitourinary Disorders

- Cystocele, rectocele and/or enterocele
- Uterine or bladder prolapse
- Stress incontinence
- Mixed Incontinence
- Nocturnal Enuresis
- Urge Incontinence
- Urinary frequency Dysuria
- Retention of urine
- Detrusor-Sphincter Dyssynergia
- Hypertonicity/Overactive Bladder
- Erectile Dysfunction

#### Colorectal

- Fecal incontinence
- Constipation/ Muscular outlet obstruction
- Proctalgia Fugax/ Anal spasm
- Diarrhea
- IBS

#### Post-Surgical Status

- Bladder Type
- Hysterectomy
- C-Section
- Prostatectomy
- Post Radiation/Chemotherapy

#### Pediatric

- Pelvic floor dysfunction
- Encopresis
- Enuresis
- Painful defecation
- Abdominal pain/anxiety

#### Other

\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name Printed: \_\_\_\_\_

To initiate scheduling a patient, please fax a completed copy of this referral to Forefront Physical Therapy at (415) 874-1966