



# MISHOCK PHYSICAL THERAPY & Associates

## BOYERTOWN

560 North Route 100 Bechtelsville, PA 19505

Ph: 610-845-5000 • Fax: 610-845-5011

7:00 am - 8:00 pm Most Days

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Diagnoses: \_\_\_\_\_

## PELVIC HEALTH REFERRAL FORM

Urogynecologic — Urologic — Colorectal — Gastrointestinal — Obstetrics

### EVALUATE & TREAT

#### Pelvic Health Therapy

- Urinary Incontinence
  - Stress
  - Urge
  - Mixed
- Overactive Bladder
- Pelvic Organ Prolapse
- Neurogenic Bladder
- Sexual Dysfunction
- Pelvic Floor Weakness
- Fecal Incontinence
- Constipation
- Pre/ Post Prostatectomy
- Pelvic Pain
  - Vaginismus
  - Scar/ Adhesion Management
  - Coccydynia
  - Interstitial Cystitis
  - Chronic Prostatitis
  - Pudendal Neuralgia
  - Anorectal Pain Syndrome
- Other: \_\_\_\_\_

*I certify that the above prescribed treatment to be medically necessary*

#### Ortho/ Neuro

- Low Back / Hip Pain
- Sciatica
- Diastasis Recti Postpartum
- SI Joint/ Pubic Dysfunction
- Decreased Strength
- Carpal Tunnel Syndrome
- Lymphedema
- Groin Strain
- ADL Concern
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

#### Please Indicate:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Prenatal    | <input type="checkbox"/> In Chemotherapy |
| <input type="checkbox"/> Post Partum | <input type="checkbox"/> In Radiation    |
| <input type="checkbox"/> Falls Risk  | <input type="checkbox"/> _____           |
| <input type="checkbox"/> Infection   | _____                                    |

Specific Request(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_