Physical Therapy Referral Form

Healthy Pelvis Healthy Core, *specialized PT*

Nari Clemons, physical Therapist
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Phone: (317) 735-2479 Fax: (317)663-0799
www.myhealthypelvis.com

Patient Name | Patient Phone Number

Diagnosis/ICD-9 (Required) | D.O.B

Physical Therapy Treatment Order:

___Evaluate and Treat
___Manual Therapy
___Therapeutic Exercise
___Per Therapist Discretion
___Biofeedback
___Home Exercise Program

Specific Instructions/Precautions:_____

Diagnoses/Problems: *(for female AND male patients)*

____Pelvic Pain (625.9)
____Abdominal Pain(789.0)
____Constipation(564.0)
____Fecal Incontinence(787.6)
____Urinary Retention (788.20)
____Perineal body tear/laceration(624.2)
____Painful Urination(789.99)
____Painful Defecation
____Prolapse (618.9)
____Vaginismus (625.1)
____Abdominal adhesion/ restriction (568.0)
____Hip Pain (719.5)
____Lumbar/Flank Pain (724.2)
____Urinary Incontinence (788.3)
____Urge Incontinence(788.31)
____Urinary Frequency(788.41)
____Mixed Incontinence (788.33)
____Stress Incontinence(625.6)
____Voiding Dysfunction(788.6)
____Pubic Symphysis Diastasis(719.45)
____Incomplete Defecation/Micturition(788.64)
____Dyspareunia(625.0)
____Vulvadynia (625.9)
____Pelvic Floor Weakness(728.2)
____SI joint dysfunction (724.6)
____Thoracic Pain (724.1)

Other:_____

Frequency: ____1x/week ____2x/week ____Per Therapist Discretion
Duration: ____6 weeks ____12 weeks ____Per Therapist Discretion

Physician Signature | Date of Referral | Office Phone | Office Fax

TO SCHEDULE , PLEASE CALL (317)735-2479 and FAX FORM TO (317)663-0799