

physical therapy referral

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

**Diagnosis**

- |   |  |
|---|--|
| <input type="checkbox"/> N81.84 Pelvic muscle weakness                                  | <input type="checkbox"/> R10.2 Pain, pelvic/genital          |
| <input type="checkbox"/> M62.838 Spasm of muscle  | <input type="checkbox"/> R37 Sexual dysfunction              |
| <input type="checkbox"/> M62.81 Muscle weakness   | <input type="checkbox"/> N94.1 Dyspareunia                   |
| <input type="checkbox"/> M54.6 Thoracic pain  | <input type="checkbox"/> N94.810 Vulvar vestibulitis         |
| <input type="checkbox"/> M54.5 Low back pain  | <input type="checkbox"/> N94.819 Vulvodynia                  |
| <input type="checkbox"/> M54.3 Sciatic pain   | <input type="checkbox"/> N94.2 Vaginismus                    |
| <input type="checkbox"/> M25.551 Right hip pain   | <input type="checkbox"/> M53.3 Coccygodynia/Coccyx disorders |
| <input type="checkbox"/> M25.552 Left hip pain  | <input type="checkbox"/> K59.4 Proctalgia fugax, anal spasm  |
| <input type="checkbox"/> S33.8XXA Sprain of lumbar spine/pelvis                         | <input type="checkbox"/> M79.1 Myalgia/Myofascial pain       |
| <input type="checkbox"/> M53.3 Sacrococcygeal disorders/pain                            | <input type="checkbox"/> R10.84 Abdominal pain               |
| <input type="checkbox"/> O26.719 Obstetrical damage to pubic symphysis during pregnancy | <input type="checkbox"/> M62.08 Diastasis rectus abdominus   |
| <input type="checkbox"/> O71.6 Obstetrical damage to pelvic jt/lig                      | <input type="checkbox"/> M72.2 Plantar faciitis              |
| <input type="checkbox"/> L90.5 Painful/adherent scar                                    | <input type="checkbox"/> Other _____                         |

**Secondary Diagnosis**

- |   |   |
|---|---|
| <input type="checkbox"/> N39.46 Mixed incontinence          | <input type="checkbox"/> K59.00 Constipation          |
| <input type="checkbox"/> N39.3 Stress urinary incontinence  | <input type="checkbox"/> N81.10 Cystocele             |
| <input type="checkbox"/> N39.41 Urge incontinence           | <input type="checkbox"/> N81.0 Urethrocele            |
| <input type="checkbox"/> N39.44 Enuresis                    | <input type="checkbox"/> N81.89 Rectocele             |
| <input type="checkbox"/> N39.490 Overflow incontinence      | <input type="checkbox"/> N81.4 Uterovaginal prolapse  |
| <input type="checkbox"/> R39.16 Straining to void           | <input type="checkbox"/> N81.5 Vaginal enterocele     |
| <input type="checkbox"/> R39.14 Incomplete bladder emptying | <input type="checkbox"/> N30.11 Interstitial cystitis |
| <input type="checkbox"/> N32.81 Overactive bladder syndrome | <input type="checkbox"/> N41.1 Prostatitis, chronic   |
| <input type="checkbox"/> R35.0 Frequency of urination       | <input type="checkbox"/> N41.0 Prostatitis, acute     |
| <input type="checkbox"/> N39.15 Urgency of urination        | <input type="checkbox"/> G89.4 Chronic pain syndrome  |
| <input type="checkbox"/> R15.9 Fecal incontinence           | <input type="checkbox"/> Other _____                  |

**Physical Therapy Orders**

- Evaluate and Treat
- Other:

**Comments/Precautions:**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

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