

THE UROLOGY GROUP

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Pelvic Floor Physical Therapy Referral Form for Men

Name _____

Date of Birth _____

Bladder (circle):

- Urinary frequency/bladder retraining
- Mixed incontinence
- Stress incontinence
- Urge incontinence
- Chronic bladder pain syndrome/interstitial cystitis

Musculoskeletal dysfunction (circle):

- Pelvic pain
- Groin pain
- Coccyx disorder
- Back pain
- Sacroiliac dysfunction
- Pudendal neuralgia
- Levator ani syndrome
- Diastases recti

OB/GYN (circle):

- Vulvodynia
- Painful intercourse (dyspareunia)
- Post-hysterectomy

Pelvic floor (circle):

- Constipation
- Pelvic floor dysfunction
- Testicular pain (orchialgia)
- Painful ejaculation (dysorgasmia)

Treatment (circle):

- Evaluate and treat
- Kegel exercises
- Biofeedback
- Electrical stimulation
- Physical therapy
- Massage

Duration:

Weekly for 6 weeks or as needed

Signature _____

Date _____