

# THE UROLOGY GROUP

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## Pelvic Floor Physical Therapy Referral Form for Women

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Bladder (circle):

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

### Pelvic floor (circle):

- Constipation
- Pelvic floor dysfunction
- Pelvic organ prolapse
- Pre-/post bladder suspension

### Musculoskeletal dysfunction (circle):

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

### Treatment (circle):

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

### OB/GYN (circle):

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

### Duration:

Weekly for 6 weeks or as needed

Signature \_\_\_\_\_

Date \_\_\_\_\_