Pelvic Health Physical Therapy Referral

Pelvic Health Physical Therapy For Males and Females

PELVIC HEALTH SPECIALISTS
POWERED BY
THERAPY PARTNERS OF NORTH TEXAS

THERAPY PARTNERS of North Texas
PHYSICAL THERAPY & SPORTS MEDICINE

☐ **PELVIC HEALTH SPECIALISTS – ALLIANCE**
4364 Heritage Trace Pkwy.,
Suite 108
Fort Worth, TX 76244

☐ **SOUTHLAKE**
731 E. Southlake Blvd.,
Suite 150
Southlake, TX 76092

☐ **PELVIC HEALTH SPECIALISTS – FT. WORTH**
3425 W. 7th Street
Fort Worth, TX 76107

☐ **PLANO – WEST**
4621 W. Park Blvd,
Suite 102
Plano, TX 75093

☐ **COPPELL**
413 W. Bethel Rd.,
Suite 400
Coppell, TX 75019

Fax all Referrals to *817-768-5313* or call us at *817-973-7660*

In Network with Most Commercial Insurance, Medicare and limited Medicaid

PATIENT'S NAME _____ DATE _____

PATIENT'S TELEPHONE NUMBER _____ DOB _____

Please attach patient insurance information, demographics, & last treatment note

Physical Therapy Order

■ **Evaluate and Treat** ■ **Continue Therapy**

***ICD10 Diagnosis:** _____

☐ Pelvic and perineal pain (R10.2)
☐ Low Back Pain (M54.50)
☐ Prolapse (N81.9)
☐ Constipation (K59.00)
☐ Pelvic Floor Weakness (M62.5)
☐ Left Hip Pain (M25.552)
☐ Urinary Frequency (R35.0)
☐ Straining To Void (R39.16)
☐ Stress Urinary/Urge Incontinence (N39.3)
☐ Right Hip Pain (M25.551)
☐ Post-Prostatectomy (Z90.79)
☐ Pubic Symphysis Pain (M25.559)
☐ Dyspareunia (N94.1)
☐ Vaginismus (N94.2)
☐ Endometriosis (N80)
☐ Diastasis Recti (M62.08)

Recommended Frequency: _____ times per week for _____ weeks. ☐ per therapists discretion

Special Considerations/Precautions:

☐ If pregnant, cleared for internal exam ☐ _____

I hereby certify that the above services have been deemed medically necessary.

PROVIDER'S SIGNATURE _____ PRINT NAME _____ DATE _____

PHONE NUMBER _____ FAX NUMBER _____

Scan for all locations