

Pelvic Floor Physical Therapy Referral



PHYSICAL THERAPY & SPORTS MEDICINE

NORTH RICHLAND HILLS/KELLER

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FRISCO (Formerly Achieve PT&P)

7548 Preston Rd., Suite 145
Tel: 972-712-9693 Fax: 972-712-9625

In Network with Most Commercial Insurance, Medicare and limited Medicaid

PATIENT'S NAME

DATE

PATIENT'S TELEPHONE NUMBER

DOB

Physical Therapy Order

Evaluate and Treat

Continue Therapy

*ICD10 Diagnosis: _____

Pelvic and perineal pain (R10.2)

Pelvic Floor Weakness (M62.5)

Stress Urinary/Urge Incontinence (N39.3)

Dyspareunia (N94.1)

Low Back Pain (M54.50)

Left Hip Pain (M25.552)

Right Hip Pain (M25.551)

Vaginismus (N94.2)

Prolapse (N81.9)

Urinary Frequency (R35.0)

Post-Prostatectomy (Z90.79)

Endometriosis (N80)

Constipation (K59.00)

Straining To Void (R39.16)

Pubic Symphysis Pain (M25.559)

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



Please attach patient insurance information, demographics & last treatment note