Break Free Pelvic Health & Wellness
Johns Island & West Ashley Locations
Phone: 843-471-0351
Fax: 1-843-620-0523

BREAKFREE
PELVIC HEALTH & WELLNESS

Pelvic Floor Physical Therapy Referral Form

Patient Name: _____ DOB: _____

Patient Phone #: _____

☐ Evaluate & Treat

Notes: _____

Pain Conditions:

- ☐ Pelvic Pain
- ☐ Low Back Pain
- ☐ Hip Pain
- ☐ SI Joint Dysfunction/Pain
- ☐ Sciatic Nerve Pain
- ☐ Coccyx Pain
- ☐ Testicular Pain
- ☐ Anal/Rectal Pain
- ☐ Abdominal/Groin Pain

- ☐ Interstital Cystitis
- ☐ Pudendal Neuralgia
- ☐ Endometriosis
- ☐ Dyspareunia/Vaginismus
- ☐ Vulvodynia/Vestibulodynia

Bowel Conditions:

- ☐ Constipation
- ☐ Fecal Incontinence
- ☐ Puborectalis Dyssynergia

Bladder Conditions:

- ☐ Urinary Incontinence
- ☐ Urinary Urgency/Frequency

Other:

- ☐ Pelvic Organ Prolapse
- ☐ Pelvic Pre/Post-Op Rehab
- ☐ Post Natal Perineal Laceration
- ☐ Post Natal Cesarean Rehab
- ☐ Diastasis Recti
- ☐ Prostatitis
- ☐ Post Prostatectomy Rehab

Physician Signature: _____ **Date:**_____

Physician Name (Printed): _____