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

Pediatric Pelvic Floor Physical Therapy Form

Patient Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone #: _____

☐ Evaluate & Treat

Pain Conditions:

- ☐ Pelvic Pain
- ☐ Low Back Pain
- ☐ Hip Pain
- ☐ SI Joint Dysfunction/Pain
- ☐ Coccyx Pain
- ☐ Testicular Pain
- ☐ Anal/Rectal Pain
- ☐ Abdominal/Groin Pain
- ☐ Dyspareunia/Vaginismus
- ☐ Vulvodynia/Vestibulodynia

Bowel Conditions:

- ☐ Constipation
- ☐ Fecal Incontinence
- ☐ Stool Withholding

Bladder Conditions:

- ☐ Urinary Incontinence
- ☐ Urinary Urgency/Frequency
- ☐ Enuresis

Other:

- ☐ Diastasis Recti
- ☐ Pelvic Pre/Post-Op Rehab
- ☐ Gross Motor Delay

Notes: _____

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Physician Signature: _____ **Date:**_____

Physician Name (Printed): _____