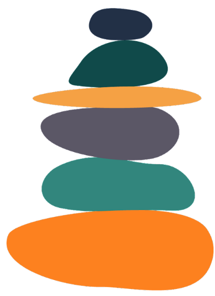

MILES
PELVIC THERAPY

PHYSICAL THERAPY REFERRAL FORM

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Phone: 541-707-2447
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www.milespelvictherapy.com

Patient Name	Phone Number	Date of Birth

Physical Therapy Treatment Order:

- ☐ Evaluate and Treat
- ☐ Manual Therapy
- ☐ Therapeutic Exercise
- ☐ Therapeutic Activity
- ☐ Biofeedback
- ☐ Home Exercise Program

Specific Instructions or Precautions: ____________________

Diagnoses:

- ☐ Pelvic Pain (R10.2)
- ☐ Abdominal Pain (R10.9)
- ☐ Hip Pain (M25.55)
- ☐ Lumbar/Flank Pain (M54.5)
- ☐ Sciatica (M54.3)
- ☐ Thoracic Pain (M54.6)
- ☐ Neuralgia (M79.2)
- ☐ Sacrococcygeal Disorder (M53.3)
- ☐ Pubic Symphysis Diastasis (O26.73)
- ☐ Slow Transit Constipation (K59.01)
- ☐ Fecal Incontinence (R15.9)
- ☐ Painful Defecation (R30.0)
- ☐ Outlet Obstruction Constipation (K59.02)
- ☐ Incomplete Defecation (R15.0)
- ☐ Urge Incontinence (N39.41)
- ☐ Urinary Urgency (R39.15)
- ☐ Stress Incontinence (N39.3)
- ☐ Poor/Weak Stream (R39.3)
- ☐ Painful Urination (R30.0)
- ☐ Vulvodynia (N94.819)
- ☐ Perineal Body Tear (O70.9)
- ☐ Abdominal Adhesion/Restriction (K66.0)
- ☐ Prolapse (N81.1)
- ☐ Pelvic Muscle Wasting (N81.84)
- ☐ Irritable Bowel (K58)
- ☐ Rectus Diastasis (R14.0)
- ☐ Abdominal Bloating (R14.0)
- ☐ Dysmenorrhea (N94.6)
- ☐ Scarring Condition (L90.5)
- ☐ Other: ____________________

Frequency: ☐ 1x/week ☐ 2x/week ☐ Per Therapist Discretion

Duration: ☐ 6 weeks ☐ 12 weeks ☐ Per Therapist Discretion

Physician Signature	Date of Referral

TO SCHEDULE, PLEASE CALL 541-707-2447 & FAX FORM TO 541-325-7845