



Reborn
pelvic health & wellness

**Pelvic Floor Therapy
Referral Form
Fax To: (801) 447-8828**

Patient Name: _____ Date of Birth: _____

Patient's Phone Number: _____

Evaluate and Treat

Contact Prior to Evaluation

Diagnosis: _____

- Pelvic Floor Muscle Weakness
- Pelvic Floor Myalgia/Spasm
- Pelvic Floor Discoordination
- Urinary Incontinence
- Voiding Dysfunction
- Urinary Urgency/Frequency
- Urinary Retention
- Pelvic Organ Prolapse
- Pre-surgery
- Post-surgery
- Pregnancy/Postpartum
- Diastasis Recti
- SIJ/Pelvic Girdle Pain
- Pubic Joint Pain
- Constipation

- Defecatory Dysfunction
- Fecal Incontinence
- Anorectal Pain
- Pelvic Pain
- Abdominal Pain
- Low Back Pain
- Dyspareunia
- Vaginismus
- Genital Hyperarousal
- Vulvodynia/Vestibulodynia
- Interstitial Cystitis/Painful Bladder Syndrome
- Pudendal Neuralgia
- Endometriosis/Adenomyosis
- Coccydynia
- Scar Tissue/Adhesions

Additional information (Precautions, Testing, Surgery, Other): _____

Physician Signature: _____

Physician Name: _____ Date: _____

Pelvic Floor Rehab Specialists

West Jordan: 7611 S Jordan Landing Blvd Suite 130, West Jordan, UT 84084

Lehi: 310 N 850 E Suite D, Lehi, UT 84043

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