



Reborn
pelvic health & wellness

**Pelvic Floor Therapy
Referral Form
Fax To: (801) 477-8818**

Patient Name: _____ Date of Birth: _____

Patient's Phone Number: _____

Evaluate and Treat

Contact Prior to Evaluation

Diagnosis: _____

- | | | |
|--------------------------------|---|---|
| • Pelvic Floor Muscle Weakness | • Defecatory Dysfunction | • Painful ejaculation |
| • Pelvic Floor Myalgia/Spasm | • Fecal Incontinence | • Premature ejaculation |
| • Pelvic Floor Discoordination | • Anorectal Pain | • Genital pain |
| • Urinary Incontinence | • Pelvic Pain | • Scrotalgia (scrotal pain) |
| • Voiding Dysfunction | • Abdominal Pain | • Benign Prostatic
Enlargement/Hyperplasia/Hy
pertrophy (BPE) |
| • Urinary Urgency/Frequency | • Low Back Pain | • Post-Prostatectomy: |
| • Urinary Retention | • Dyspareunia | • Peyronie's disease |
| • Pelvic Organ Prolapse | • Vaginismus | • Priapism |
| • Pre-surgery | • Genital Hyperarousal | • Infertility |
| • Post-surgery | • Vulvodynia/Vestibulodynia | • Prostatitis |
| • Post-operation pain | • Interstitial Cystitis/Painful
Bladder Syndrome | • Nerve pain |
| • Pregnancy/Postpartum | • Pudendal Neuralgia | • Hard-Flaccid syndrome
(semi-rigid or semi-flaccid) |
| • Diastasis Recti | • Endometriosis/Adenomyosis | • Prostatitis |
| • SJJ/Pelvic Girdle Pain | • Scar Tissue/Adhesions | • Proctalgia fugax |
| • Pubic Joint Pain | • Coccydynia | |
| • Constipation | | |

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

Layton: 1660 W Antelope Dr. Suite 225A, Layton, UT 84041

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

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