



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

Patient Name: _____ Date of Birth: _____

Patient's Phone Number: _____

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Evaluate and Treat

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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
- Pessary Fitting/Management
- Pre-surgery
- Post-surgery
- Post-operation pain
- Pregnancy/Postpartum
- Diastasis Recti
- SIJ/Pelvic Girdle Pain
- Pubic Joint Pain
- Constipation
- Enuresis
- Defecatory Dysfunction
- Fecal Incontinence
- Encopresis
- Anorectal Pain
- Pelvic Pain
- Abdominal Pain
- Low Back Pain
- Dyspareunia
- Vaginismus
- Genital Hyperarousal
- Vulvodynia/Vestibulodynia
- Interstitial Cystitis/Painful Bladder Syndrome
- Pudendal Neuralgia
- Endometriosis/Adenomyosis
- Scar Tissue/Adhesions
- Coccydynia
- Painful ejaculation
- Premature ejaculation
- Genital pain
- Scrotalgia (scrotal pain)
- Benign Prostatic Enlargement/Hyperplasia/Hypertrophy (BPE)
- Post-Prostatectomy
- Peyronie's disease
- Priapism
- Infertility
- Prostatitis
- Nerve pain
- Hard-Flaccid syndrome (semi-rigid or semi-flaccid)
- Proctalgia fugax
- Non-neurogenic neurogenic bladder

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

Physician Signature: _____

Physician Name: _____ Date: _____



Pelvic Floor Rehab Specialists

Layton: 1660 W Antelope Dr. Suite 320, Layton, UT 84041

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

Murray: 6040 Fashion Blvd Suite 101, Murray, UT 84107

Provo: 1815 N 1120 W, Provo, UT 84604

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