Pelvic Floor Physical Therapy Referral

HOLOMUA
PHYSICAL THERAPY
MOVE FORWARD

Patient Name: _____

Phone: _____

Date of Birth: _____

Insurance: _____

DIAGNOSIS

- ❑ Urinary Incontinence (stress, urge, mixed)
- ❑ Fecal incontinence
- ❑ Pelvic Organ Prolapse
- ❑ Pelvic floor muscle weakness
- ❑ Pelvic pain (Vaginal/ Rectal)
- ❑ Abdominal pain
- ❑ Vaginismus
- ❑ Anismus
- ❑ Interstitial Cystitis
- ❑ SI/ Pubic symphysis dysfunction
- ❑ Coccydynia
- ❑ Constipation/ Outlet dysfunction
- ❑ Other: _____

TREATMENT

- ❑ Evaluate and treat
- ❑ Manometry/ Biofeedback
- ❑ Bladder/ Bowel Retraining
- ❑ Visceral mobilizaton
- ❑ Dilator Stretches
- ❑ Other: _____

Precautions or Pertinent Medical History:

_____

_____

_____

_____

Physical Therapy _____ per week/month

for _____ weeks/months

_____

Physician's Signature Date

_____

Referring M.D.



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- *Complimentary Visitor Parking is available on the upper deck of the building. Enter on Aala Street, 2nd driveway (Mauka of Vineyard) and park in stalls #101-110.*
- *Do not attempt to access the gated parking located beneath the building.*
- *Street parking in the C&C Honolulu metered parking stalls are available on Aala St. Credit card payment is accepted.*