



Break Free Pelvic Health & Wellness

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BREAKFREE
PELVIC HEALTH & WELLNESS

Pelvic Floor Therapy_(PT/OT) Referral Form

Patient Name: _____ DOB: _____

Patient Phone #: _____

Evaluate & Treat

Notes: _____

Pain Conditions:

- Pelvic Pain
- Low Back Pain
- Hip Pain
- SI Joint Dysfunction/Pain
- Sciatic Nerve Pain
- Coccyx Pain
- Testicular Pain
- Anal/Rectal Pain
- Abdominal/Groin Pain

- Interstitial Cystitis
- Pudendal Neuralgia
- Endometriosis
- Dyspareunia/Vaginismus
- Vulvodynia/Vestibulodynia

Bowel Conditions:

- Constipation
- Fecal Incontinence
- Puborectalis Dyssynergia

Bladder Conditions:

- Urinary Incontinence
- Urinary Urgency/Frequency

Other:

- Pelvic Organ Prolapse
- Pelvic Pre/Post-Op Rehab
- Post Natal Perineal Laceration
- Post Natal Cesarean Rehab
- Diastasis Recti
- Prostatitis
- Post Prostatectomy Rehab

Physician Signature: _____ Date: _____

Physician Name (Printed): _____