



Break Free Pelvic Health & Wellness

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BREAKFREE
PELVIC HEALTH & WELLNESS

Pediatric Pelvic Floor Therapy (PT/OT) Referral Form

Patient Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone #: _____

Evaluate & Treat

Pain Conditions:

- Pelvic Pain
- Low Back Pain
- Hip Pain
- SI Joint Dysfunction/Pain
- Coccyx Pain
- Testicular Pain
- Anal/Rectal Pain
- Abdominal/Groin Pain
- Dyspareunia/Vaginismus
- Vulvodynia/Vestibulodynia

Bowel Conditions:

- Constipation
- Fecal Incontinence
- Stool Withholding

Bladder Conditions:

- Urinary Incontinence
- Urinary Urgency/Frequency
- Enuresis

Other:

- Diastasis Recti
- Pelvic Pre/Post-Op Rehab
- Gross Motor Delay

Notes: _____

Physician Signature: _____ Date: _____

Physician Name (Printed): _____