



**Locations Offering Women's Health:**

- BELLEVUE** - Bellevue Physical Therapy  
P: 425.454.1405 | F: 425.635.9340
- KIRKLAND** - Totem Lake Physical Therapy  
P: 425.823.8631 | F: 425.814.4731
- PUYALLUP** - Sunrise Physical Therapy  
P: 253.256.4807 | F: 253.256.4809
- MARYSVILLE/ SMOKEY POINT** - Reaction Physical Therapy  
P: 360.658.8400 | F: 360.658.2606

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
HOME #

\_\_\_\_\_  
CELL #

**DIAGNOSIS**

**OBGYN/MUSCULOSKELETAL**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Carpal Tunnel    | <input type="checkbox"/> Low back pain    | <input type="checkbox"/> TMJ pain                 |
| <input type="checkbox"/> Coccydynia       | <input type="checkbox"/> Mastitis         | <input type="checkbox"/> Thoracic outlet syndrome |
| <input type="checkbox"/> Diastasis recti  | <input type="checkbox"/> Nerve entrapment | <input type="checkbox"/> Thoracic pain            |
| <input type="checkbox"/> Groin/Pubic pain | <input type="checkbox"/> Pes planus       | <input type="checkbox"/> Sacral pain              |
| <input type="checkbox"/> Headaches        | <input type="checkbox"/> Rib pain         | <input type="checkbox"/> Weakness                 |
| <input type="checkbox"/> Ligament laxity  | <input type="checkbox"/> Sciatica         | <input type="checkbox"/> Other _____              |

**PELVIC FLOOR PAIN/TENSION**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abdominal pain        | <input type="checkbox"/> Menstrual pain/disorders | <input type="checkbox"/> Urinary urgency |
| <input type="checkbox"/> Constipation          | <input type="checkbox"/> Piriformis syndrome      | <input type="checkbox"/> Vulvar pain     |
| <input type="checkbox"/> Dyspareunia           | <input type="checkbox"/> Pudendal neuralgia       | <input type="checkbox"/> Vaginismus      |
| <input type="checkbox"/> Interstitial cystitis | <input type="checkbox"/> Urinary frequency        | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Levator ani syndrome  | <input type="checkbox"/> Urinary retention        |  |

**PELVIC FLOOR WEAKNESS**

- |                                     |                                      |   |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Cystocele  | <input type="checkbox"/> Rectocele   | <input type="checkbox"/> Uterine prolapse |
| <input type="checkbox"/> Enterocele | <input type="checkbox"/> Urethrocele | <input type="checkbox"/> Other _____      |

**INCONTINENCE**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fecal incontinence | <input type="checkbox"/> Stress incontinence | <input type="checkbox"/> Urge incontinence |
| <input type="checkbox"/> Mixed incontinence |  |  |

**POST-SURGICAL CONDITIONS**

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bladder repair   | <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cesarean section | <input type="checkbox"/> Laparoscopy  |                                      |
| <input type="checkbox"/> Episiotomy       | <input type="checkbox"/> Mastectomy   |                                      |

**TREATMENT**

- Evaluate and treat as indicated \_\_\_\_\_ times/week for \_\_\_\_\_ weeks
- Other \_\_\_\_\_
- \_\_\_\_\_
- Contraindications \_\_\_\_\_
- \_\_\_\_\_

**PHYSICIAN INFO:**

Provider Name (print) \_\_\_\_\_

Provider Signature X \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Date of Referral \_\_\_\_/\_\_\_\_/\_\_\_\_

## **LOCATIONS OFFERING WOMEN'S HEALTH/PELVIC HEALTH**

### **BELLEVUE**

BelleVue Physical Therapy  
11711 NE 12th Street, Suite 3-A  
*(Behind Bellevue Medical Imaging)*  
P: 425.454.1405 | F: 425.635.9340

### **KIRKLAND**

Totem Lake Physical Therapy  
12910 Totem Lake Boulevard NE, Suite 105  
*(Look for SmarTek21 sign above entrance)*  
P: 425.823.8631 | F: 425.814.4731

### **PUYALLUP**

Sunrise Physical Therapy  
17528 Meridian East, Suite 205  
*(To the left of Fred Meyer entrance, off 176th St. E)*  
P: 253.256.4807 | F: 253.256.4809

### **MARYSVILLE/ SMOKEY POINT**

Reaction Physical Therapy  
17020 Twin Lakes Ave., Suite C101  
P: 360.658.8400 | F: 360.658.2606