

Locations Offering Pelvic Health:

- BELLEVUE**
P: 425.454.1405 | F: 425.635.9340
- BELLINGHAM - NWPT**
P: 360.671.2900 | F: 360.671.2828
- BURLINGTON - NWPT**
P: 360.755.9111 | F: 360.755.1320
- KIRKLAND**
P: 425.823.8631 | F: 425.814.4731
- MOUNT VERNON - NWPT**
P: 360.428.2700 | F: 360.428.2701
- REDMOND**
P: 425.883.9089 | F: 425.869.1355

 PATIENT NAME

 DATE OF BIRTH

 HOME PHONE

DIAGNOSIS
 OBGYN/MUSCULOSKELETAL

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Coccydynia | <input type="checkbox"/> Ligament laxity | <input type="checkbox"/> Sacral pain |
| <input type="checkbox"/> Diastasis recti | <input type="checkbox"/> Low back pain | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Groin/Pubic pain | <input type="checkbox"/> Sciatica | |

 PELVIC FLOOR PAIN/TENSION

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

 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"/> Post-prostatectomy |
| <input type="checkbox"/> Cesarean section | <input type="checkbox"/> Laparoscopy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Episiotomy | <input type="checkbox"/> Mastectomy | |
| <input type="checkbox"/> Hernia repair | <input type="checkbox"/> Post-radiation | |

TREATMENT

Evaluate and treat as indicated _____ times/week for _____ weeks

Other _____

Contraindications _____

Physician Signature X _____ Date _____

Physician Name (printed) _____ Phone _____



Physical Therapy & Healthcare Specialists



LOCATIONS OFFERING PELVIC HEALTH

BELLEVUE

RET Physical Therapy & Healthcare Specialists
11711 NE 12th St., Ste. 3-A
P: 425.454.1405 | F: 425.635.9340

BELLINGHAM

Northwest Physical Therapy
814 Dupont St.
P: 360.671.2900 | F: 360.671.2828

BURLINGTON

Northwest Physical Therapy
135 W Fairhaven Ave.
P: (360) 755-9111 | F: (360) 755-1320

KIRKLAND

RET Physical Therapy & Healthcare Specialists
12910 Totem Lake Boulevard NE, Ste. 105
P: 425.823.8631 | F: 425.814.4731

MOUNT VERNON

Northwest Physical Therapy
110 N LaVenture Rd, Ste A
P: 360.428.2700 | F: 360.428.2701

REDMOND

RET Physical Therapy & Healthcare Specialists
15600 Redmond Way NE, Ste. 100
P: 425.883.9089 | F: 425.869.1355