



Locations Offering Women's 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 #

CELL #

DIAGNOSIS

OBGYN/MUSCULOSKELETAL

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

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

POST-SURGICAL CONDITIONS

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

TREATMENT

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

PHYSICIAN INFO:

Provider Signature X _____ Date of Referral ____/____/____

Provider Name (print) _____

Contact Phone # _____ Fax # _____



Physical Therapy & Healthcare Specialists



LOCATIONS OFFERING WOMEN'S HEALTH/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, Ste. 100
P: 425.883.9089 | F: 425.869.1355