



PATIENT NAME _____

PATIENT PHONE _____

DATE OF BIRTH _____

DIAGNOSIS

☐ OBGYN/MUSCULOSKELETAL

- | | | |
|---|--|-----------------------------------|
| ☐ Blocked milk duct | ☐ Groin/Pubic pain | ☐ Sciatica |
| ☐ Coccydynia | ☐ Ligament laxity | ☐ Sacral pain |
| ☐ Diastasis recti | ☐ Low back pain | ☐ Other _____ |

☐ PELVIC PAIN/DYSFUNCTION

- | | | |
|---|--|---|
| ☐ Abdominal pain | ☐ Levator ani syndrome | ☐ Testicular pain |
| ☐ Anismus | ☐ Menstrual pain/disorders | ☐ Urinary frequency |
| ☐ Constipation | ☐ Constipation | ☐ Urinary retention |
| ☐ Dyspareunia | ☐ Pelvic organ prolapse | ☐ Urinary urgency |
| ☐ Endometriosis | ☐ Proctalgia fugax | ☐ Vulvar pain |
| ☐ Fecal urgency | ☐ Pudendal neuralgia | ☐ Vaginismus |
| ☐ Interstitial cystitis | ☐ Sexual dysfunction | ☐ Other _____ |

☐ INCONTINENCE

- | | | |
|--|---|-----------------------------------|
| ☐ Fecal incontinence | ☐ Stress incontinence | ☐ Other _____ |
| ☐ Mixed incontinence | ☐ Urge incontinence | |

☐ POST-SURGICAL CONDITIONS

- | | | |
|--|--|---------------------------------------|
| ☐ Cesarean section | ☐ Laparoscopy | ☐ Prolapse repair |
| ☐ Episiotomy | ☐ Mastectomy | ☐ Other _____ |
| ☐ Hernia repair | ☐ Post-radiation | |
| ☐ Hysterectomy | ☐ Post-prostatectomy | |

☐ GENDER AFFIRMATION CARE

- | | | |
|---|--|-----------------------------------|
| ☐ Pre-op top surgery | ☐ Post-op top surgery | ☐ Other _____ |
| ☐ Pre-op bottom surgery | ☐ Post-op bottom surgery | |

☐ PEDIATRICS

- | | | |
|--|---|---|
| ☐ Abdomino-pelvic pain | ☐ Detrusor sphincter | ☐ Giggle incontinence |
| ☐ Bed wetting | ☐ dyssynergia | ☐ Tethered cord release |
| ☐ Constipation | ☐ Encopresis | ☐ Urinary urgency/frequency |
| | ☐ Fecal urgency/frequency | ☐ Other _____ |

TREATMENT

☐ Evaluate and treat as indicated

☐ Other _____

☐ Contraindications _____

Physician Signature X _____ Date _____

Physician Name (printed) _____ Phone _____

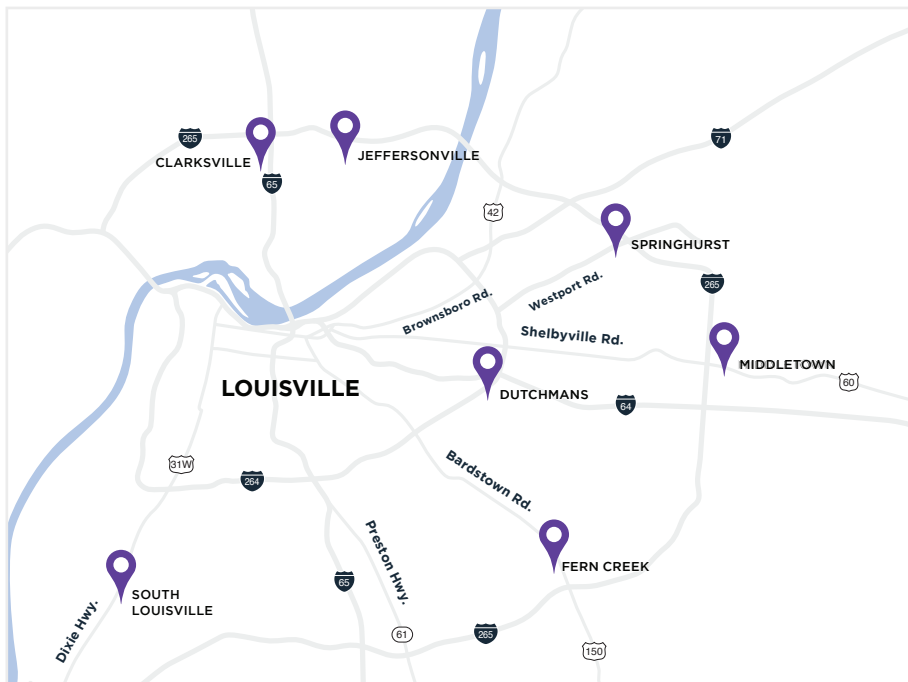


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Pelvic Therapy Locations



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F: 812.924.5011

DUTCHMANS
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4042 Dutchmans Ln.
Louisville, KY 40207
P: 502.899.9363
F: 502.899.9365

FERN CREEK
6506 Bardstown Rd.
Louisville, KY 40291
P: 502.762.1243
F: 502.762.9114

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1015 Jeffersonville Commons Dr.
Jeffersonville, IN 47130
P: 812.984.3020
F: 812.590.8183

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Louisville, KY 40245
P: 502.245.1136
F: 502.245.1146

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Louisville, KY 40258
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F: 502.200.6973

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