MEMORIAL HERMANN

Referral for Rehabilitation Services
Pelvic Health Physical Therapy

Phone: 713.521.0020 or 1.888.301.8477
Fax: 713.874.1798 memorialhermann.org

Date: _____ Precautions: _____
Patient Name: _____ Phone: _____
Diagnosis: _____ ICD Code: _____
Date of Injury: _____ Date of Surgery: _____ Procedure: _____
Frequency (Days/week) _____ for Duration: _____ weeks
☐ Physical Therapy ☐ Evaluate & Treat Reason for Referral: _____

BACK PAIN
- ☐ Low Back Pain (M54.50)
- ☐ Radiculopathy (M54.10)
- ☐ Sacrococcygeal (Coccygodynia) _____
- ☐ Sciatica (M54.30)
- ☐ SI Joint _____
- ☐ Other: _____

BOWEL
- ☐ Coccygodynia _____
- ☐ Constipation (K59.__)
- ☐ Fecal Incontinence (R15.9)
- ☐ Full Incontinence of Feces (R15.9)
- ☐ Fecal Smearing (R15.1)
- ☐ Fecal Urgency (R15.2)
- ☐ Flatulence (R14.3)
- ☐ Incomplete Defecation (R15.0)
- ☐ Irritable Bowel Syndrome (K58.1)
- ☐ Obstructive defecation (N13.9)
- ☐ Proctalgia Fugax (K59.4)
- ☐ Slow Transit Constipation (K59.01)

PELVIC INJURY
- ☐ Abdominal Pain (R10.__)
- ☐ Dysmenorrhea (N94.__)
- ☐ Ehlers-Danlos Syndrome (Q79.__)
- ☐ Lower Abdominal Pain (R10.30)
- ☐ Pelvic Muscle Wasting (N81.84)
- ☐ Perimenopause/Menopause (N95.__)
- ☐ Sacrococcygeal (Coccygodynia) _____
- ☐ Stress Fracture of Pelvis (M84.350__)

PELVIC PAIN
- ☐ Anal Spasms (K59.4)
- ☐ Bladder Pain (R39.82)
- ☐ Dyspareunia (N94.1__)
- ☐ Endometriosis (N80.__)
- ☐ Erectile Dysfunction (N52.__)
- ☐ Interstitial Cystitis (N30.__)
- ☐ Levator Spasm _____
- ☐ Pelvic & Perineal Pain (R10.2)
- ☐ Premature Ejaculation (F52.4)
- ☐ Proctalgia Fugax (K59.4)
- ☐ Prostatodynia (N42.81)
- ☐ Sexual Pain Dysfunction _____
- ☐ Scrotal Pain (N50.82)
- ☐ Vaginismus (N94.2)
- ☐ Vulvar Vestibulitis (N94.810)
- ☐ Vulvodynia (N94.81__)

PROLAPSE
- ☐ Cystocele (N81.1__)
- ☐ Female Genital Prolapse (N81.9)
- ☐ Rectocele (N81.6)
- ☐ Urethrocele (N81.0)
- ☐ Uterovaginal Prolapse (N81.__)

URINARY
- ☐ Incomplete Bladder Emptying (R39.14)
- ☐ Interstitial Cystitis (N30.1__)
- ☐ Neurogenic Bladder (N31.__)
- ☐ Nocturia (R35.__)
- ☐ Nocturnal Enuresis (N39.44)

URINARY (Con't)
- ☐ Mixed Incontinence (N39.46)
- ☐ Overactive Bladder (N32.81)
- ☐ Overflow Incontinence (N39.490)
- ☐ Poor/Weak Stream (R39.12)
- ☐ Post-Void Dribble (N39.43)
- ☐ Splitting of Stream (R39.13)
- ☐ Stress Urinary Incontinence (N39.3)
- ☐ Urge Incontinence (N39.41)

PRENATAL/POST-PARTUM
- ☐ Broad Ligament Pain (M24.20)
- ☐ Diastasis Recti (M62.81)
- ☐ Posture Dysfunction _____
- ☐ Pubic Symphysis Separation (O26.72)
- ☐ Pubic Symphysis Sublux (O26.71__)
- ☐ Round Ligament Pain (M24.20)
- ☐ Traumatic Rupture Pubic Symphysis (S33.4XX)
- ☐ Other: _____ _____

PRE/POST-OP
- ☐ Bladder Lift _____
- ☐ Enlarged Prostat (D29.1)
- ☐ Gender Affirmation _____
- ☐ Hysterectomy _____
- ☐ Pelvic Organ Prolapse Repair _____
- ☐ Robotic Radical Prostatectomy _____

PROCEDURES
- ☐ Biofeedback
- ☐ Bladder Training
- ☐ Bracing
- ☐ Coccyx Mobilization
- ☐ Dry Needling
- ☐ Electrical Stimulation
- ☐ Home Exercise Program
- ☐ Labor & Delivery Strategies
- ☐ Pelvic Floor Strengthening
- ☐ PTNS- Percutaneous Tibial Nerve Stimulation (PFHC location)
- ☐ Scar Mobs
- ☐ Taping
- ☐ _____

☐ I, referring provider, attest that I have discussed this referral with the patient, and the patient has provided consent to the sharing of their demographic and contact information with Memorial Hermann or its affiliated providers for the purposes related to this referral, including: (1) telephone calls and text messages regarding health care, including but not limited to scheduling, reminders, and medication refills; (2) email or mail communications regarding health care, including but not limited to scheduling, reminders, and medication referrals; and (3) other information regarding my health care, billing and health related services and benefits. I have instructed the patient if they wish to revoke this consent, they may contact Memorial Hermann at 713-222-CARE (2273) or opt out directly after receipt of communication.

☐ AM ☐ PM

Provider Signature	Print Name	NPI/MHHS ID.	Date	Time	Contact No.

Physician signature required, stamp is not valid

MEMORIAL HERMANN

Pelvic Health
Physical Therapy

66712 (5/25)

Pelvic Floor Health Locations

1 Memorial Hermann Sports Medicine & Rehabilitation – The Woodlands
9180 Medical Plaza, Suite 200,
Medical Plaza 4
The Woodlands, TX 77380
P: 713.897.2549 **F:** 713.897.2544

2 Memorial Hermann Sports Medicine & Rehabilitation – Greenway Plaza
3651 Weslayan St., Suite 110
Houston, TX 77027
P: 713.850.8472 **F:** 713.850.8490

3 Pelvic Floor Health Center – Memorial City
925 Gessner Rd., Suite 350,
Medical Plaza 4
Houston, TX 77024
P: 713.295.8201 **F:** 713.295.8215

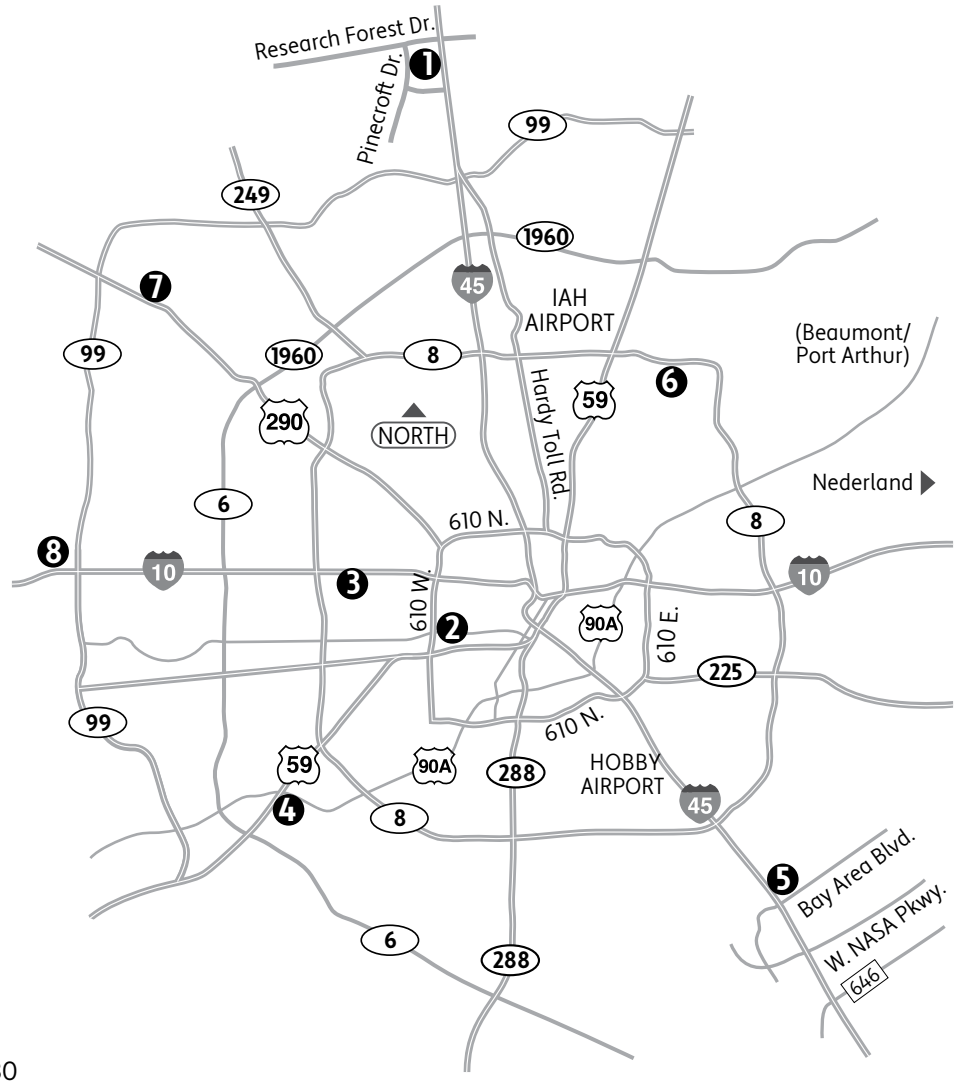
4 Memorial Hermann Sports Medicine & Rehabilitation – Williams Trace
14857 Southwest Fwy.
Sugar Land, TX 77478
P: 281.242.8900 **F:** 281.242.0355

5 Memorial Hermann Sports Medicine & Rehabilitation – Webster
19419 Gulf Fwy., Suite 3
Webster, TX 77598
P: 281.488.2815 **F:** 281.488.2844

6 Memorial Hermann Sports Medicine & Rehabilitation – Fall Creek
9522 N. Sam Houston Pkwy. E., Suite 2330
Humble, TX 77396
P: 713.814.2510 **F:** 713.704.3890

7 Rockets Sports Medicine Institute – Cypress
27646 Northwest Fwy., Suite 150
Cypress, TX 77433
P: 346.231.6900 **F:** 346.231.6901

8 Memorial Hermann Sports Medicine & Rehabilitation – Katy
23960 Katy Fwy., Suite 100,
Medical Plaza 2
Katy, TX 77494
P: 281.644.7880 **F:** 281.644.7888



MEMORIAL® HERMANN
Sports Medicine & Rehabilitation

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