



Dr. Elana Hersh, PT, DPT
 265 N Highland Ave, #104
 Nyack, NY 10960
 p 845.393.4889
 f 845.213.3442
 DrLoni@peacefulpelvisPT.com

REFERRAL FOR PHYSICAL THERAPY: EVALUATE & TREAT

Date: _____

Client Name: _____ Date of Onset: _____

Client's Preferred Phone #: _____ Diagnosis/ICD-10 Code: _____

Frequency/Duration: _____

Special Instructions / Relevant Diagnostic Tests Results: _____

Pelvic Pain			Musculoskeletal Pain	
Dyspareunia	Painful scar	Endometriosis	Low back pain	Diastasis recti
Pubic pain	Pelvic pain	Vaginismus	Coccyx pain	Thigh pain
Vulvodynia/Vestibulitis	Sacroiliac joint pain		Hip pain	Sciatica
Prolapse			Post-surgical Conditions	
Cystocele	Rectocele	Urethrocele	Hysterectomy	Bladder surgery
Uterine prolapse	Enterocoele		C-section	
Urinary			Colorectal	
Urinary incontinence	Bladder pain syndrome/IC	Urge incontinence	Fecal Incontinence	Fecal urge
Mixed Incontinence	Urethral pain	Dysuria	Constipation	Hemorrhoids
Bladder urge/frequency	Overactive bladder	Stress incontinence	Irritable bowel syndrome	Rectal pain

REFERRING MD OFFICE INFORMATION:

Address: _____

Phone: _____
 Fax: _____
 Email: _____

MD Name (print): _____ NPI#: _____

MD Signature: _____