

PELVIC FLOOR REHABILITATION PROGRAM INFORMATION & REFERRAL FORM

Patient Name: _____ DOB: _____ Date: _____

Parent name: _____ Phone Number: _____

PATIENT INFORMATION

Current Medications:

- | | |
|--|--|
| <input type="checkbox"/> Miralax (stool softener) | <input type="checkbox"/> Cardura & Flomax (relaxes bladder neck) |
| <input type="checkbox"/> Ditropan (anticholinergic: relaxes bladder) | <input type="checkbox"/> DDAVP (decreases urine production) |
| <input type="checkbox"/> Detrol (anticholinergic: relaxes bladder) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Levsin (anticholinergic: relaxes bladder) | <input type="checkbox"/> Other: _____ |

Surgeries:

Date: _____ Type: _____

Tests:

- | | | |
|-----------------------------------|-------------|----------------|
| <input type="checkbox"/> PVR | Date: _____ | Results: _____ |
| <input type="checkbox"/> VCUG | Date: _____ | Results: _____ |
| <input type="checkbox"/> Flow EMG | Date: _____ | Results: _____ |

Other: _____

DIAGNOSIS

- Vesicouretral Reflux (593.70)
- Constipation (564.00)
- Constipation with Fecal Incontinence (787.6)
- Urinary Incontinence (788.30)
- Urge Incontinence (788.31)
- Mixed Urinary Incontinence – Urge & Stress (788.33)
- Urinary Frequency (788.41)
- Other: _____

REFERRAL

Physical and/or Occupational Therapy evaluation and treatment is recommended secondary to:

- | | |
|--|---|
| <input type="checkbox"/> Overactive Bladder (urge incontinence) | <input type="checkbox"/> Underactive Bladder |
| <input type="checkbox"/> Dysfunctional voiding (dysfunction <i>during</i> voiding) | <input type="checkbox"/> Pelvic floor muscle hypertonus |
| <input type="checkbox"/> Electrical Stimulation (NMES) for constipation | <input type="checkbox"/> Other: _____ |

Print Physician's Name: _____

Physician's Signature: _____

Schedule this patient for pelvic floor rehabilitation evaluation and treatment at the following All Children's Hospital location:

<input type="checkbox"/> Main Campus St. Petersburg	<input type="checkbox"/> Specialty Care of Brandon	<input type="checkbox"/> Specialty Care of Carillon	<input type="checkbox"/> ACTC of East Lake	<input type="checkbox"/> Specialty Care of Ft Myers
<input type="checkbox"/> Specialty Care of Lakeland	<input type="checkbox"/> Specialty Care of Pasco	<input type="checkbox"/> Specialty Care of Sarasota	<input type="checkbox"/> Specialty Care of Tampa	

Please fax this referral to All Children's Patient Access Service Center at 727 767-4436