Success **P**hysical **T**herapy, LLC

Diana Fassett BS, PT

Patient Name:_____Date of Birth:_____ Date: _____
Patient Address: _____Home Phone:_____

Treatment Order:
- ❑ Evaluate and Treat
- ❑ Other:_____

Frequency/Duration: _____or **Per Therapist Discretion** _____

Diagnosis

General:
- ❑ Adherent/Painful scar (L90.5)
- ❑ Low Back Pain (M54.5)
- ❑ Low Back Pain Chronic (89.29)
- ❑ Low Back Pain with Pregnancy (O26.90) (M54.5)
- ❑ Muscle dysfunction (M62.9)
- ❑ Muscle Weakness (M62.81)
- ❑ Muscle Spasm (M62.838)
- ❑ Pelvic muscle wasting/ disuse atrophy (618.83)
- ❑ PFM Dysfunction (N81.84)
- ❑ PFM Weakness (N81.89)
- ❑ PFM Spasms (M62.838)
- ❑ Unspec. Disorders muscle/ligament/fascia (M62.9)
- ❑ Other: _____

Urinary/ Bowel Incontinence/Voiding Dysfunction:
- ❑ Constipation (K59.00)
- ❑ Constipation due to outlet obstruction (K59.02)
- ❑ Encopresis
- ❑ Fecal Incontinence (R15.9)
- ❑ Hyper-tonicity of bladder/OAB (596.51)
- ❑ Mixed Urinary Incontinence (N39.46)
- ❑ Nocturia (R35.1)
- ❑ Nocturnal Enuresis (N39.44)
- ❑ Stress Urinary Incontinence - female (N39.3)
- ❑ Stress Urinary Incontinence - male (N39.3)
- ❑ Urge Urinary Incontinence (N39.41)
- ❑ Urinary Frequency (R35.0)
- ❑ Urinary Urgency (R39.15)
- ❑ Urinary Retention (R33.9)
- ❑ Other: _____

Pain:
- ❑ Abdominal pain (R10.9)
- ❑ Anismus (R19.8)
- ❑ Coccygodynia (M53.3)
- ❑ Endometriosis (N80.9)
- ❑ Female Orgasmic Disorder (F52.31)
- ❑ IC/Hunner's Ulcers (N30.10)
- ❑ Old laceration of pelvic floor muscle (N81.89)
- ❑ Levator Syndrome (K59.4)
- ❑ Pelvic Pain (R10.2)
- ❑ Perineal lac during delivery (O70.9)
- ❑ Rectal Pain (K62.89)
- ❑ Sacroiliac Joint Dysfunction (M53.3)
- ❑ Sciatic pain (M54.3)
- ❑ Spasm anus/anal sphincter (K59.4)
- ❑ Vaginal Pain (R10.2)
- ❑ Vaginismus (N94.2)
- ❑ Vulvar Vestibulitis (N94.810)
- ❑ Vulvodynia (N94.819)
- ❑ Other: _____

Pelvic Organ Prolapse:
- ❑ Cystocele (Ant.Vag Vault Prolapse) (N81.10)
- ❑ Rectal Prolapse (K62.3)
- ❑ Rectocele (Post. Vag. Vault Prolapse) (N81.6)
- ❑ Vaginal Prolapse (unspecified) (N81.10)
- ❑ Vaginal Vault Prolapse (N81.9)
- ❑ Uterine Prolapse (Vagina/Cervix) (N81.4)
- ❑ Urethrocele (N36.8)
- ❑ Other: _____

Physician Name and ID Number_____
Physician signature: _____Date: _____
Phone:_____ Fax:_____