ACC - RUSK INSTITUTE OF REHABILITATION MEDICINE
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# Outpatient Adult Pelvic Floor Physical Therapy Referral Form

FAX to the ACC-RUSK INTAKE / REGISTRATION at (212) 263-0163

Date: ____________________________

Patient Name: (Last)______________________________(First)______________________________

Date of Birth:_____________________ Gender (Please Circle) F M Social Security:____________________

Patient Address: ______________________________________________________________

Patient Phone: (H)______________________(W)____________________________(C)____________________

Primary Insurance:__________________________________________

Policy ID#:_____________________________________________Insured Name:_________________________

Secondary Insurance:________________________________________

Policy ID#:_____________________________________________Insured Name:_________________________

Pelvic Floor Diagnosis/ICD code (please select):

625.6 Female Stress Incontinence

788.91 Urge Incontinence / Detrusor Instability

788.41 Urinary Frequency

788.30 Urinary incontinence

728.2 Muscle Weakness

728.85 Muscle Spasm

595.1 Interstitial Cystitis

625.1 Vaginismus

616.10 Vaginal Vestibulitis

625.70 Vulvodynia

729.1 Muscle Pain

Other (please include ICD9):________________________

Physical Therapy Evaluation and Treatment including

Manual therapy, therapeutic exercise, neuromuscular re-ed, body mechanics, home exercise program
modalities (PRN: US, E-stim, hotpack / coldpack, biofeedback)

Other: ______________________________________________________________________

Precautions_____________________________________________ Frequency/Duration_______________________