



Lifespan

**Women's Physical Therapy &
Rehabilitation Services**
Rhode Island Hospital ~ The Miriam Hospital

REFERRAL

Client Name _____ DOB _____

Home # _____ Cell # _____ Work # _____

Address _____ City _____ State _____ Zip _____

Insurance:

Primary _____ Secondary _____

Member # _____ Member # _____

Policy Holder _____ Policy Holder _____

Precautions _____

Diagnosis: Please check applicable ICD-9 code(s)

Incontinence

- ___ 625.6 stress, female
- ___ 788.30 of urine
- ___ 788.31 urge
- ___ 788.33 mixed
- ___ 788.43 frequency/polyuria
- ___ 788.43 nocturia
- ___ 787.6 fecal incontinence
- ___ 596.51 overactive bladder

Retention

- ___ 788.20 urinary retention
- ___ 788.21 incomplete emptying of bladder

Pain

- ___ 625.0 dyspareunia
- ___ 625.1 vaginismus
- ___ 625.70 vulvadynia/pelvic pain
- ___ 709.2 adhered scar
- ___ 724.2 back pain
- ___ 724.3 sciatica
- ___ 724.7 coccyx disorders
- ___ 724.79 coccygodynia
- ___ 728.85 muscle spasm
- ___ 729.1 myofascial pain
- ___ 739.41 SI joint dysfunction
- ___ 780.00 abdominal pain
- ___ 569.42 anal and rectal pain
- ___ 847.3 sacrococcygeal strain
- ___ 625.3 dysmenorrhea

Pregnancy -Related

- ___ 728.4 ligament laxity
- ___ 665.60 pubic symphysis separation
- ___ 724.5 obstetrical low back pain
- ___ 728.84 distasis recti

Other

- ___ 617.0 endometriosis
- ___ 621.8 fibroids
- ___ 595.1 interstitial cystitis
- ___ 728.2 muscle weakness
- ___ 781.3 muscle incoordination
- ___ 618.83 pelvic muscle wasting
- ___ 564.0 constipation
- ___ 564.2 outlet dysfunction
- ___ 780.79 cancer-related fatigue
- ___ 457.1 lymphedema

Client attempted and failed a 4 week trial of pelvic floor muscle exercises. Test results attached.

___ Evaluate and Treat **Other: (please specify)** _____

Interpreter Needed? No Yes Preferred Language _____

Referring Physician Signature _____ Date _____ Time _____

Printed Name _____ Phone # _____ Fax # _____

Please feel free to call with any questions.

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