



# Evoke Physical Therapy Referral Form

**Patient:**

**DOB:**

Evoke Physical Therapy and Wellness Center, LLC  
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3535 S Lafayette Street, #100, Englewood, CO 80113  
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Physical Therapy License No: PTL.0012994  
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## General Pelvic Floor | Physical Therapy | ICD10 Codes

Muscle Weakness M62.50     Muscle Spasm M62.838     Muscle Incoordination R27.9     Muscle Pain M79.1

## Pregnancy | Postpartum Conditions

Lumbar Back Pain M54.5     Diastasis Recti M62.00     Sacroiliac Joint Pain M53.3     Painful Scar L90.5  
 Sciatica M54.30     Coccyx Pain | M53.3     Pelvic | Perineal Pain R10.2     Hip Pain M25.559  
 Thoracic Pain M54.6     Carpal Tunnel G56.00     Abdominal | Groin Pain R10.3     Neck Pain M54.2  
 Thoracic Outlet G54.0     Dyspareunia N94.1     Sacroiliac Instability M53.2X8     TMJ M26.60  
 Urge Incontinence N39.41     Stress Incontinence N39.3     Pubic Symphysis Pain R10.2     Constipation K59.00

## Gynecological | Urological Conditions

Urinary Urgency R39.15     Urinary Frequency R35.0     Uterine Prolapse N81.2     Cystocele N81.10  
 Urge Incontinence N39.41     Stress Incontinence N39.3     Overactive Bladder N32.81     Vaginismus N94.2  
 Abdominal | Groin Pain R10.3     Vulvar Vestibulitis N94.810     Perineal | Pelvic Pain R10.2     Vulvodynia N94.819  
 Dyspareunia N94.1     Dysmenorrhea N94.6     Interstitial Cystitis N30.10     Painful Scar L90.5

## Colorectal | Gastroenterological Conditions

Coccygodynia M53.3     Rectocele N81.6     Levator Syndrome K62.89     Anal Spasm K59.4  
 Constipation K59.00     Fecal Urgency R15.2     Fecal Incontinence R15.9     Anal Fissure K60.2  
 Chronic Prostatitis N41.9     IBS with Diarrhea K58.0     IBS without Diarrhea K58.9     Encopresis F98.1  
 Outlet Dysfunction K59.02     Proctalgia Fugax K59.4     Incomplete Defecation R15.0     Slow Transit K59.01

## TREATMENT | PLEASE COMPLETE ALL THAT APPLY

Evaluate and Treat     Other Diagnosis:

Precautions | Special Instructions:

Referring Provider NPI:     Address:

**REFERRING PROVIDER SIGNATURE:**

**DATE:**

Thank you for your confidence in referring your patients. You will be sent an evaluation, progress updates and plan of care including treatment, goals, frequency and duration for your review & signature. Thank you! Sandra LaBella, PT