



Patient:

Phone:

DOB:

Evoke Physical Therapy and Wellness Center, LLC
201 Davis Grove Circle, Suite 106, Cary NC 27519
NC PT License No: P19847 | CO PT License No: PTL.0012994

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Sandra LaBella, PT
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General Pelvic Floor | Physical Therapy | ICD10 Codes

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Muscle Weakness M62.50 | <input type="checkbox"/> Muscle Spasm M62.838 | <input type="checkbox"/> Muscle Incoordination R27.9 | <input type="checkbox"/> Muscle Pain M79.1 |
|---|---|--|--|

Pregnancy | Postpartum Conditions

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

Gynecological | Urological Conditions

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

Colorectal | Gastroenterological Conditions

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

TREATMENT | PLEASE COMPLETE ALL THAT APPLY

- | | |
|---|---|
| <input type="checkbox"/> Evaluate and Treat | <input type="checkbox"/> 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 update and discharge plan including treatment, goals, frequency and duration for your review & signature. Thank you! Sandra LaBella, PT