



Women's Health Occupational Therapy Referral

Leelanau Physical Therapy: (231) 943-1655 Email: lptwest@leelanaupt.com Office Fax: (231) 943-1656

Patient Name _____ Date _____

Phone # _____

Preferred Point of Contact _____

Evaluate and treat per therapist discretion Evaluate and discuss treatment program Specific treatments

Special Instructions / Diagnostic Tests Results _____

Equipment _____

Frequency /Duration _____ Date of Onset _____

Diagnosis – ICD-10

Genitourinary Disorders

Stress Incontinence Female	N39.3
Mixed Incontinence	N39.46
Nocturnal Enuresis	N39.44
Urge Incontinence	N39.41
Urinary Frequency	R35.0
Dysuria	R30.9
Retention of Urine	R39.14
Urinary Urgency	R39.15
Hypertonicity/Overactive Bladder	N32.89
Hesitancy of Urination	R39.11
Cystocele (unspecified)	N81.10
Vaginal Enterocoele	N81.5
Rectocele	N81.6
Urethrocele	N81.0

Pelvic Pain

Dyspareunia	N94.1
Endometriosis of Uterus	N80.0
Interstitial Cystitis without hematuria	N30.10
Interstitial Cystitis with hematuria	N30.11
Scar Conditions/Fibrosis of Skin	L90.5
Pelvic and Perineal Pain	R10.2
Vaginismus	N94.2
Vulvodynia (unspecified)	N94.819
Vulvar Vestibulitis	N94.810

Colorectal

Constipation/Outlet Dysfunction	K59.02
Fecal Urgency	R15.2
Anal Spasm	K59.4
Straining to Void	R39.16

Pelvic Muscle Dysfunction

Other lack of coordination	R27.8
Other Muscle Spasm	M62.838
Pelvic Muscle Wasting	N81.84

Musculoskeletal/Prenatal/Postpartum Conditions

Separation of Muscle Non-traumatic	M62.00
Genitourinary Post Procedural Vaginal Adhesion	N99.2
Low back pain	M54.5
Hemorrhoids in Pregnancy – Unspecified Trimester	022.40
Maternal Care of Scar from previous C-Section Delivery	034.21
Pain in Unspecified Joint	M25.50

Post Surgical Status

Bladder Type _____

Hysterectomy

C-Section

Post Radiation/Chemotherapy

Other _____

Other: _____

Referring Provider Signature _____ Date _____

Provider Name/Credentials Printed _____