

RESTORING YOUR BALANCE, LLC

BRANDI ROBERTSON, MSPT



WOMEN'S HEALTH PHYSICAL THERAPY

BRANDI@RESTORINGYOURBALANCE.COM

WWW.RESTORINGYOURBALANCE.COM

PHONE: 231.855.3330

Patient Name: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please check one:

- Evaluate and treat per therapist discretion x 3 months
- Evaluate and discuss treatment program
- Evaluate and give specific treatments (please list below)

Special Instructions/Diagnostic test results: _____

Frequency/Duration: _____ Date of Onset: _____

Diagnosis/ICD-9 (please circle all that apply):

Genitourinary Disorders:

- 625.6 Female stress incontinence
- 788.31 Female urge incontinence
- 788.33 Mixed incontinence
- 787.6 Fecal incontinence
- 596.51 Hypertonicity/Overactive bladder
- 618.0 Cystocele
- 596.59 Bladder/Detrusor instability
- 788.21 Incomplete Emptying/urinary retention

Pelvic Muscle Dysfunction:

- 728.85 Muscle Spasm
- 728.2 Muscle Weakness

Musculoskeletal Conditions:

- 724.71 Coccyx Hypermobility
- 724.79 Coccydynia
- 728.84 Diastasis Recti
- 719.45 Hip Joint/Pelvis/Thigh Pain
- 724.2 Low Back Pain
- 739.4 SI Dysfunction
- 724.3 Sciatica

Colorectal:

- 564.02 Constipation with muscular outlet obstruction
- 564.6 Proctalgia Fugax/Anal spasm
- 618.04 Rectocele

Pelvic Pain:

- 625.0 Dyspareunia, female
- 617.9 Endometriosis
- 595.1 Interstitial Cystitis
- 709.2 Painful Scar
- 625.9 Pelvic pain
- 625.1 Vaginismus
- 625.9 Vulvodynia/Vestibulitis

618.1 Uterine prolapse

Other: _____

Post-Surgical Status

- Bladder _____
- Type _____
- Hysterectomy _____
- C-Section _____
- Other _____

Physician Signature: _____ Date: _____

Physician Name Printed: _____

LOCATED IN HACKLEY PROFESSIONAL BUILDING
1675 LEAHY ST SUITE 210B • MUSKEGON MI 49442 • FAX: 231.726.2412

