



**WOMEN'S HEALTH SERVICES**

PATIENT \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ PATIENT PHONE # ( ) \_\_\_\_\_ # OF VISITS \_\_\_\_\_

**OB-GYN MUSCULOSKELETAL**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Carpal Tunnel    | <input type="checkbox"/> Low Back Pain                           | <input type="checkbox"/> Pregnancy Related Musculoskeletal Dysfunction | <input type="checkbox"/> Sacroiliac Dysfunction   |
| <input type="checkbox"/> Diastasis Recti  | <input type="checkbox"/> Neck Pain                               | <input type="checkbox"/> Rib Pain                                      | <input type="checkbox"/> Sciatica                 |
| <input type="checkbox"/> Groin/Pubic Pain | <input type="checkbox"/> Nerve Entrapment                        | <input type="checkbox"/> Round Ligament Pain                           | <input type="checkbox"/> Thoracic Outlet Syndrome |
| <input type="checkbox"/> Ligament Laxity  | <input type="checkbox"/> Post Partum Back/Pelvic/ Abdominal Pain |  | <input type="checkbox"/> Weakness                 |

**PELVIC FLOOR PAIN/TENSION**

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Interstitial Cystitis     | <input type="checkbox"/> Piriformis Syndrome | <input type="checkbox"/> Vestibulitis |
| <input type="checkbox"/> Coccydynia     | <input type="checkbox"/> Levator Ani Syndrome      | <input type="checkbox"/> Urinary Frequency   | <input type="checkbox"/> Vulvar Pain  |
| <input type="checkbox"/> Constipation   | <input type="checkbox"/> Menstrual Pain/Disorders  | <input type="checkbox"/> Urinary Urgency     | <input type="checkbox"/> Vulvodinia   |
| <input type="checkbox"/> Dyspareunia    | <input type="checkbox"/> Non-Relaxing Puborectalis | <input type="checkbox"/> Vaginismus          |                                       |
| <input type="checkbox"/> Hemorrhoids    | <input type="checkbox"/> Pelvic Floor Dysfunction  |  |                                       |

**PELVIC FLOOR WEAKNESS**

- |                                     |                                      |   |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Cystocele  | <input type="checkbox"/> Rectocele   | <input type="checkbox"/> Uterine Prolapse |
| <input type="checkbox"/> Enterocele | <input type="checkbox"/> Urethrocele |   |

**INCONTINENCE**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dysfunctional Voiding | <input type="checkbox"/> Mixed Incontinence  | <input type="checkbox"/> Urge Incontinence |
| <input type="checkbox"/> Fecal Incontinence    | <input type="checkbox"/> Stress Incontinence |  |

**POST-SURGICAL CONDITIONS**

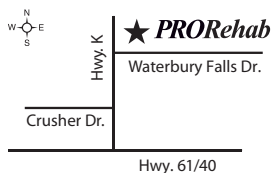
- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Abdominal Pain Secondary to Scarring | <input type="checkbox"/> Cesarean Section | <input type="checkbox"/> Hysterectomy |
| <input type="checkbox"/> Bladder Repair                       | <input type="checkbox"/> Episiotomy       | <input type="checkbox"/> Laparoscopy  |

**OSTEOPOROSIS**

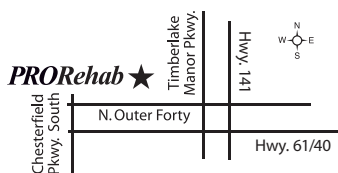
**OTHER**

**EVALUATE AND TREAT AS INDICATED**       **OTHER**       **CONTRAINDICATIONS**

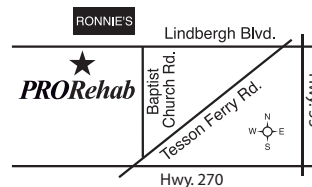
PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_



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