ELECTRA
REHAB & FITNESS

WOMENS HEALTH REFERRAL FORM

PLEASE FAX TO (940) 298-1640

DATE: _____ **NAME:** _____

EVALUATE & TREAT: _____ **DIAGNOSIS:** _____

PELVIC FLOOR DYSFUNCTION	SPINAL DYSFUNCTION	PRE/POST NATAL	BREAST HEALTH	MENOPAUSAL HEALTH
☐ SUI	☐ C/SP	☐ Pelvic Floor Training	☐ Spinal Pain & Macromastia	☐ Spinal Health
☐ UUI	☐ T/SP	☐ Core Stability	☐ Spinal/Shoulder Trunk Mobility	☐ Bone Density Exercises
☐ Mixed	☐ L/SP	☐ Post C-Section	☐ Lymphedema	☐ Osteoporosis Program
☐ Fecal	☐ S I J	☐ Diastasis Recti	☐ Posture Re-Ed/Ergonomics	☐ Fibromyalgia/ Myofascial Pain Syndrome
☐ Myofascial Pain	☐ Pregnancy	☐ Episotomy/C-Sec Scar Mob.	☐ Post Lumpectomy Rehab	☐ Pelvis Floor Muscle Training
☐ Trigger Points/ M Spasm	☐ PGP (Pelvic Girdle Pain)	☐ Gen. Post Natal Exercise	☐ Post Mastectomy Rehab	
☐ Dyspaceunia/ Vaginismus	☐ Symphysis Pubis Dysfunction	☐ Posture & Ergonomics	☐ Problematic BR Implant/Reduction Scars	
☐ Vulvodynia	☐ Core stability	☐ Therapeutic Exercise	☐ Radiation Fibrosis	
☐ Interstitial Cystitis/ CPPS	☐ TMJ/ Headache			
☐ Pelvic Adhesions	☐ Back Pain 2' Macromastia			

COMMENTS/OTHER: _____

FREQUENCY: 1 2 3 4 WK **DURATION FOR:** _____ **WKS**

SIGNATURE: _____ **PRINTED PROVIDER NAME:** _____

1207 S. Bailey St
Electra, TX 76360

www.electrahospital.com

Phone: (940) 495-3981
Fax (940) 298-1640