Lee Sowada, PT, DPT, PRPC, WCS

ELEVATED
PELVIC HEALTH

Jordan Malkowski, PT, DPT

603 S. Gillette Ave., Gillette, WY 82716

Phone: (307) 682-2500 | Fax: (307) 939-7080

Physical Therapy Services Order & Referral Form

Patient Name: _____ DOB: _____

Patient Phone: _____

Diagnosis: _____ ICD-10: _____

☐ Evaluate and treat per therapist discretion - check all that apply:

Pelvic Health
- ☐ Pelvic pain
- ☐ Incontinence: _____
- ☐ Urgency
- ☐ Urinary retention
- ☐ Frequent UTIs
- ☐ Pelvic Organ Prolapse
- ☐ Pregnancy/Post pregnancy pain
- ☐ Diastasis Recti
- ☐ Low Back/SJI/hip Pain
- ☐ Dyspareunia
- ☐ Vulvodynia
- ☐ Constipation
- ☐ Male Pelvic Health: _____
- ☐ Pediatric Pelvic Health: _____
- ☐ Other: _____

Specialty Programs
- ☐ Pilates Based Exercise
- ☐ Pressure Loading Retraining
  (pre/post hernia, hysterectomy, bladder sling/support ect.)
- ☐ Lower Back
- ☐ Return to Activity Post Baby
- ☐ Chronic Pain
  (pain neuroscience education)

Post-Operative
- ☐ Hysterectomy
- ☐ Cesarian Section
- ☐ Bladder/Bowel/GI
- ☐ Back/Hip
- ☐ Prolapse Repair
- ☐ Address Adhesions/Scar Tissue

Please Include Specific Treatments
- ☐ Dry Needling
- ☐ Biofeedback
- ☐ Electrical Stimulation
- ☐ Myofascial Mobilization
- ☐ Visceral Mobilization
- ☐ Scar Mobilization
- ☐ Exercise Activities
- ☐ Nutrition Training
- ☐ Brace Options/Education
- ☐ HEP

Special instructions and precautions: _____

_____

Frequency: _____ times/week.   Duration: _____ weeks.   ☐ Per therapist discretion.

Physician information:

Physician's name: _____ Date: _____

Physician's signature: _____

Thank you for your referral. Please contact us if needed.

☐ Please check here if it's time to restock your referral pads.

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Your Elevated Pelvic Health Team

Dr. Lee Sowada

Dr. Jordan Malkowski

*Empowering you to take control of your own body
through learning, healing and skilled, concentrated, compassionate care.*