



Essential Physical Therapy, PLLC
PELVIC WELLNESS CENTER

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Patient's Name: _____

Date: _____

Diagnosis: (check all that apply)

GENITOURINARY DISORDERS/WEAKNESS

- Cystocele/Rectocele 618.0
- Enterocele 618.6
- Fecal Incontinence 787.6
- Stress Incontinence ♀ 625.6
- Stress Incontinence ♂ 788.3
- Urge Incontinence 788.31
- Mixed Incontinence 788.33
- Urinary Retention 788.21
- Detrusor Instability 788.91
- Urinary Frequency 788.41
- Uterine Prolapse 618.1
- Rectal Prolapse 569.1
- Constipation 564.0

GENITOURINARY PAIN

- Anismus 625.9
- Dysmenorrhea 625.3
- Dyspareunia 675.0
- Hemorrhoids 625.8
- Interstitial Cystitis 595.1
- Levator Ani Syndrome 569.42
- Painful Episiotomy 564.5
- Proctalgia Fugax 455.6
- Vaginismus 625.1
- Vulvodynia/Vestibulitis 625.9
- Endometriosis 617.9
- Prostatitis, Chronic 601.1
- Chronic Pelvic Pain, ♂ 608.9

MUSCULOSKELETAL PAIN/DYSFUNCTION

- Pelvic/Thigh Pain 719.45
- Sacroiliac Dysfunction 739.4
- Neck Pain 729.1
- Thoracic Pain 724.1
- Lumbar Pain 724.2
- Sciatica 724.3
- Imbalance (Postural) 729.3
- Muscle Incoordination 781.3
- Muscle Pain 729.1
- Muscle Spasm 728.85
- Muscle Weakness 728.2
- Painful Scar Condition 709.2

OTHER

TREATMENT

Evaluate & Treat as Indicated

Other _____

DEA # _____

PHYSICIAN'S NAME (PLEASE PRINT)

PHYSICIAN'S SIGNATURE

Additional Comments: _____
