



Hawaii Pelvic Therapy

Physical Therapy for a Healthy Pelvis

- | | |
|---|--|
| <input type="checkbox"/> ABDOMINAL/GROIN PAIN | <input type="checkbox"/> PELVIC PAIN |
| <input type="checkbox"/> ANAL / RECTAL PAIN | <input type="checkbox"/> PIRIFORMIS SYNDROME |
| <input type="checkbox"/> CESAREAN/EPISIOTOMY SCAR | <input type="checkbox"/> POSTURAL DYSFUNCTION |
| <input type="checkbox"/> CHRONIC PELVIC PAIN SYNDROME | <input type="checkbox"/> PELVIC GIRDLE PAIN |
| <input type="checkbox"/> CONSTIPATION | <input type="checkbox"/> PUDENDAL NEURALGIA |
| <input type="checkbox"/> COCCYDYNIA | <input type="checkbox"/> PROCTALGIA FUGAX |
| <input type="checkbox"/> CYSTOCELE | <input type="checkbox"/> RECTOCELE |
| <input type="checkbox"/> DIASTASIS RECTI | <input type="checkbox"/> SCIATIC PAIN |
| <input type="checkbox"/> DYSpareunia/VAGINISMUS | <input type="checkbox"/> SIJ PAIN |
| <input type="checkbox"/> FECAL INCONTINENCE | <input type="checkbox"/> URETHROCELE |
| <input type="checkbox"/> INTERSTITIAL CYSTITIS | <input type="checkbox"/> URINARY FREQUENCY |
| <input type="checkbox"/> IRRITABLE BOWEL SYNDROME | <input type="checkbox"/> URINARY INCONTINENCE |
| <input type="checkbox"/> LOW BACK PAIN | <input type="checkbox"/> UTERINE PROLAPSE |
| <input type="checkbox"/> OBTURATOR NEURALGIA | <input type="checkbox"/> VULVODYNIA/VESTIBULODYNIA |
| <input type="checkbox"/> PAINFUL BLADDER SYNDROME | <input type="checkbox"/> OTHER _____ |

PATIENT NAME :

DATE:

PHYSICIAN'S NAME:

PHONE NUMBER:

SIGNATURE:

SPECIAL INSTRUCTIONS:

YES / NO

IS THE PATIENT PREGNANT?

DUE DATE