

PELVIC FLOOR REHABILITATION

Therapy Coverage: Auto Injuries, Extended Health Benefits, WSIB

Date: currentDate.defaultPatient's Name: patName

Clinical Information:

Patient Diagnosis

- | | | |
|--|---|---|
| <input type="checkbox"/> Stress Incontinence | <input type="checkbox"/> Urge Incontinence/Frequency | <input type="checkbox"/> Pelvic Organ Prolapse |
| <input type="checkbox"/> Post Prostatectomy | <input type="checkbox"/> Post-Partum Assessment | <input type="checkbox"/> Dyspareunia |
| <input type="checkbox"/> Vestibulodynia | <input type="checkbox"/> Vulvodynia/Vaginismus | <input type="checkbox"/> Painful Bladder Syndrome/
Interstitial Cystitis |
| <input type="checkbox"/> Chronic Non Bacterial Prostatitis | <input type="checkbox"/> Chronic Pelvic Pain Syndrome | <input type="checkbox"/> Hesitation/Dysynergia |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Diastasis Recti | <input type="checkbox"/> Other |

Referring PhysicianReferring Physician patMdNameContact Number currMdPhone.default