Beth Shelly, PT, DPT, BCIA-PMDB

Doctor of Physical Therapy
Specializing in Pelvic Health and Lymphedema
563-940-2481 cell phone
1-866-761-7464 fax
beth@bethshelly.com
www.bethshelly.com

Patient name ______________________________ Date __________________________

Health Insurance ____

Phone numbers (home) ______________________ (work) ________________________
Please include area code
(cell) _______________________ Date of birth _____________________

Diagnosis	
__ Perineal pain Levator ani syndrome Tension myalgia Vaginismus Vulvodynia Dyspareunia Coccygodynia Episiotomy adhesion Obstructed defecation ___________________________	__ Pelvic pain Endometriosis Interstitial cystitis Abdominal muscle / scar pain Complex pelvic pain _________________________
__ Pelvic floor muscle (PFM) dysfunction Urinary incontinence Fecal incontinence Pelvic organ prolapse PFM pain ____________________________	__ Pregnancy / postpartum Low back pain Sciatic pain Pubic symphysis ___________________________
__ Lymphedema / Swelling	__ Osteoporosis / Osteopenia

Treatment requested: Physical therapy evaluation and treatment

Other specific treatment ___________________________________

Recommended frequency and duration ____

I certify that this treatment is medically necessary for this patient to increase function.

Signature __________________________________ date _________________________