



OCEANSIDE
PHYSICAL THERAPY
SPECIALIZING IN PELVIC FLOOR, OBSTETRICS + ORTHOPEDICS

Patient Name: _____ Date: _____

DOB: _____ Phone number: _____

Additional Contact Information & Instructions (best place/time to reach parent-guardian)- Email if preferred:

| | |
|--|---|
| <input type="checkbox"/> Stress Urinary Incontinence N39.3 | <input type="checkbox"/> Incomplete Defecation R15.0 |
| <input type="checkbox"/> Urinary Hesitancy R39.11 | <input type="checkbox"/> Fecal Incontinence R15.9 |
| <input type="checkbox"/> Urinary Urgency R39.15 | <input type="checkbox"/> Constipation K59.00 |
| <input type="checkbox"/> Urge Urinary Incontinence N39.41 | <input type="checkbox"/> Chronic Constipation K59.04 |
| <input type="checkbox"/> Urinary Frequency R35.0 | <input type="checkbox"/> Pelvic Muscle Spasm M62.838 |
| <input type="checkbox"/> Mixed Incontinence N39.46 | <input type="checkbox"/> Painful Defecation R19.8 |
| <input type="checkbox"/> Nocturia R35.1 | <input type="checkbox"/> Anal Spasm K59.4 |
| <input type="checkbox"/> Overactive Bladder N32.81 | <input type="checkbox"/> Encopresis: Bowel Incontinence and/or inability to empty bowel F98.1 |
| <input type="checkbox"/> Urinary Retention R33.9 | <input type="checkbox"/> Fecal Urgency/Frequency R15.2 |
| <input type="checkbox"/> Enuresis: Urinary Incontinence R39.80 | <input type="checkbox"/> Change in Bowel Habit R19.4 |
| <input type="checkbox"/> Painful Urination R39.0 | <input type="checkbox"/> Vesicoureteral Reflux N13.70 |
| <input type="checkbox"/> Bedwetting N39.44 | <input type="checkbox"/> Excessive Gas/Abdominal Bloating R14.0 |

Additional Diagnoses/Relevant Medical History/Recommendations/ICD10 Codes:

Physician Printed Name: _____

Physician Signature: _____

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