ACC - RUSK INSTITUTE OF REHABILITATION MEDICINE 240 East 38th Street • 16th Floor • New York, NY 10016 Telephone: (212) 263 -6033 • Website: www.ruskinstitute.org

Outpatient Adult Pelvic Floor Physical Therapy Referral Form FAX to the ACRUSKNTAKE / REGISTRATION at (212)02633

Date:		
Patient Name: (Last)	(First)	
Date of Birth:	Gender (Please CirEle)M Social Security:	
Patient Address:		
Patient Phone: (H)	(W)(C)	
Primary Insurance:		
Policy ID#:	Insured Name:	
Secondary Insurance:		
Policy ID#:	Insured Name:	
Pelvic Floor Diagnosis/ICD codepleas	se select):	
625.6 Female Stress Incontinence	595.1 Interstitial Cystitis	
788.91 Urge Incontinence / Detrusor	Instability 625.1 Vaginismus	
788.41 Urinary Frequency	616.10 Vaginal Vestibulitis	
788.30 Urinary incontinence	625.70 Vulvodynia	
728.2 Muscle Weakness	729.1 Muscle Pain	
728.85 Muscle Spasm	Other (please include ICD9):	
Physical Therapy Evaluation and Tre	atment including	
Manual therapy, therapeutic exercise, modalities (PRN: US, Ætim, hotpack / col Other:	•	
	Frequen isy rD <u>urat</u>	