NYU Langone MEDICAL CENTER

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 ACC RUSK INTAKE / REGISTRATION at (212) 263-0113

Date: _____

Patient Name: (Last)_____(First)_____

Date of Birth:_____ Gender (Please Circle): F 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 code* (please select):**

- ☐ **625.6 Female Stress Incontinence**
- ☐ **788.91 Urge Incontinence / Detrusor Instability**
- ☐ **788.41 Urinary Frequency**
- ☐ **788.30 Urinary incontinence**
- ☐ **728.2 Muscle Weakness**
- ☐ **728.85 Muscle Spasm**
- ☐ **595.1 Interstitial Cystitis**
- ☐ **625.1 Vaginismus**
- ☐ **616.10 Vaginal Vestibulitis**
- ☐ **625.70 Vulvodynia**
- ☐ **729.1 Muscle Pain**
- **Other (please include ICD-9):**_____

Physical Therapy Evaluation and Treatment including:

☐ Manual therapy, therapeutic exercise, neuromuscular re-ed, body mechanics, home exercise program, modalities (PRN: US, E-stim, hotpack / coldpack, biofeedback)

☐Other: _____

Precautions_____ Frequency/Duration:_____

Physician's Name/Specialty (Please Print) _____

NPI#: _____ License Number:_____ UPIN:_____

Physician's address:_____

Office Telephone: (_____)_____ Office Fax: (_____)_____

Physician's Signature: _____