Lori Blondell
Doctor of Physical Therapy
Pelvic Floor Specialist

Office: 941-271-7575
Fax: 941-894-0402
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Physical Therapy / Rehabilitation Referral

Patient Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____ DOB: _____

Diagnosis: _____ ICD Code: _____

☐ Evaluate & Treat

Number of requested Treatments Per Week: ☐ **Duration:** ☐ **Weeks**

Pelvic Floor

- ☐ Urinary Incontinence
- ☐ Urinary Urgency
- ☐ Bowel Incontinence
- ☐ GI Disorder
- ☐ Postpartum Conditions
- ☐ Pelvic Floor Pain
- ☐ Pre/Post Prostatectomy
- ☐ Other _____

General Orthopedic

- ☐ Post-Op _____
- ☐ Spine
- ☐ Knee
- ☐ Hip
- ☐ Shoulder
- ☐ Ankle

Balance and Gait

- ☐ CVA
- ☐ Parkinson's Disease
- ☐ Neuropathy
- ☐ Other _____

Special Instructions

Please sign and return to fax: 941-894-0402

Physician Name: _____ NPI: _____
(Please Print)

Physician Signature: _____ Fax: _____

Certification: I certify that this treatment is medically necessary and required for the above named patient.

CONVENIENT OUTPATIENT THERAPY IN YOUR HOME
EXCEPTIONAL PERSONAL CARE