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.

1961 Floyd St., Suite B, Sarasota, FL 34239