



ALASKA PELVIC HEALTH & WELLNESS

PT with **Melissa Sundberg, PT, DPT, OCS, COMT**

Please Fax Referrals to: 907.802.4538 | Phone: 907.215.3045

1601 E 84th Ave, Suite 201 Anchorage, AK 99507

www.akpelvic.com

Patient _____ DOB _____

Female Male Phone _____

Email _____

Diagnosis/Notes _____

DIAGNOSIS

Pelvic Pain

- Dyspareunia
- Levator Ani Syndrome
- Pudendal Neuralgia
- Vaginismus
- Vulvodynia

Pelvic Floor

- Incontinence (urge, stress, mixed)
- Pelvic Organ Prolapse
- Post Prostatectomy
- Urinary Frequency
- Urinary Dysfunction
- Constipation
- Erectile Dysfunction
- Pelvic Girdle Pain
- Abdominal/Scar Adhesion Pain
- Postural Evaluation
- Return Back to Exercise

Prenatal/Postpartum

- Diastasis Recti
- Mastitis/Blocked Duct/Lactation
- Musculoskeletal pain
 - SI
 - Low Back
 - Pubic
 - Coccyx
 - Pelvic Girdle pain
- Scar/Adhesion pain
- Postural Evaluation
- Return to Exercise

Other _____

TREATMENT PLAN

Evaluate and Treat

Other _____

Frequency of Tx _____ /wk

Duration of Tx _____ /wks

Referring Provider _____ Date _____

Phone _____ Fax _____

Referring Provider Signature _____