



JULIE BOTTARINI
MPT/CLT

650.670.0885 TEL
650.654.0885 FAX
jbottarini@comcast.net

1140-D Laurel Street
San Carlos, CA 94070
www.juliebottarini.com

Physical Therapy Referral

Patient Name _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

☐ Evaluation and treat per therapist discretion

☐ Evaluate and discuss treatment program

☐ Specific treatments

Special Instructions / Diagnostic Tests Results _____

☐ Equipment _____

Frequency /Duration _____ Date of Onset _____

Diagnosis – ICD-9

Genitourinary Disorders

Cystocele	618.0
Enterocoele	618.6
Rectocele	618.0
Uterine prolapse	618.1
Fecal incontinence	787.6
Female stress incontinence	625.6
Male stress incontinence	788.32
Mixed Incontinence	788.33
Nocturnal Enuresis	788.36
Urge Incontinence	788.31
Urinary frequency	788.41
Dysuria	788.1
Retention of urine	788.21
Detrusor-Sphincter Dyssynergia	596.55
Hypertonicity/Overactive Bladder	596.51
Neurogenic Bladder	596.54
Vesicoureteral Reflux - w/Nephropathy – Unilateral	593.71
Vesicoureteral Reflux - w/Nephropathy – Bilateral	593.72
Vesicoureteral Reflux - w/o Nephropathy	593.70

Pelvic Pain

Dyspareunia, female	625.0
Endometriosis	617.9
Interstitial cystitis	595.1
Painful scar	709.2
Pelvic pain, male	789.09
Pelvic pain, female	625.9
Prostatitis, chronic	601.1
Vaginismus	625.1
Vulvodynia/Vestibulitis	625.9

Lymphedema

Lymphedema	457.1
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Colorectal

Constipation/ Muscular outlet obstruction	564.02
Hemorrhoids	625.8
Proctalgia Fugax/ Anal spasm	564.6

Pelvic Muscle Dysfunctions

Muscle incoordination	781.3
Myalgia/Myositis	729.1
Myalgia Syndrome/ Muscle Dysfunction	728.89
Muscle spasm	728.85
Muscle weakness	728.2

Musculoskeletal Conditions

Coccyx hypermobility	724.71
Coccydynia	724.79
Diastasis Recti	728.84
Hip Joint/Pelvis/Thigh Pain	719.45
Low back pain	724.2
Pelvic/Hip Segmental Dysfunction	739.5
SI dysfunction	739.4
Sciatica	724.3
Sacral Disorders	724.5

Post Surgical Status

☐ Bladder Type _____

☐ Hysterectomy

☐ C-Section

☐ Prostatectomy

☐ Post Radiation/Chemotherapy

☐ Post Mastectomy/Lumpectomy

Other: _____

Physician Signature _____ Date _____

Physician Name Printed _____