

Patient Name

Patient DOB

Prescribing Provider Name (Please print)

Provider Type (Select one)

☐ M.D. ☐ D.D.S. ☐ D.P.M.

☐ D.C. ☐ P.A. ☐ N.P.

Treatment Frequency & Duration (Select one)

No substitutions

☐ PRN / PT discretion ☐ ___ x per week for ___ weeks

Diagnosis (Select all that apply)

Pelvic Floor:

- ☐ Pelvic pain
- ☐ Stress incontinence
- ☐ Urge incontinence
- ☐ Urinary urgency
- ☐ Fecal incontinence
- ☐ Fecal urgency
- ☐ Prolapse
- ☐ Constipation
- ☐ Dyspareunia
- ☐ Vaginismus
- ☐ Vulvodynia

Ortho/General:

- ☐ Low back pain
- ☐ Sciatica
- ☐ Neck pain
- ☐ Mid back pain
- ☐ Hip pain
- ☐ Shoulder pain
- ☐ Wrist pain
- ☐ Knee pain
- ☐ Lower abdominal pain
- ☐ Foot/ankle pain
- ☐ Muscle spasm

- ☐ Muscle weakness
- ☐ Scar condition
- ☐ Difficulty walking
- ☐ Abnormal posture
- ☐ Other pregnancy related condition
- ☐ Other: _____

Comments/Precautions (Optional)

☐ Internal pelvic floor exam and treatment approved during pregnancy

Signature of Prescribing Provider

Today's Date

(Provider signature required—no stamps, please!)




Origin.

South Austin: 2712 Bee Caves Road #122, 78750

Northwest Austin: 812411 Hymeadow Drive, Building 3, Suite 3B, 78750

Marble Falls: Hill Country Memorial, 801 Steve Hawkins Parkway, 78654

Round Rock: 3021 South IH 35 Frontage Road #260, 78664

 theoriginway.com | Fax: 310-479-2329

About us:



Texas licensed physical therapists



Participating in-network provider with most insurance



In-office and virtual care options



Experts in prenatal, postpartum, and pelvic health

To book your first appointment or schedule
a free introductory call with our team, visit

theoriginway.com/booking