CLOVIS COMMUNITY MEDICAL CENTER

PELVIC HEALTH PHYSICAL THERAPY

at Clovis Community Medical Center

688 N. Medical Center Drive East, Suite 101
Clovis, California 93611

Office: (559) 324 - 6878 Fax: (559) 324 - 6869

Date: _____

Patient's Name:_____ DOB:_____

Diagnosis:_____

Date of Onset: _____ Next MD Appointment: _____

EVALUATE / TREAT	***FREQUENCY / DURATION***
☐ Pelvic Floor Physical Therapy	_____ x a Week for ____ Visits
☐ As Specified: _____	

Precautions: _____

_____

Goals: _____

_____

If not MD, name of person completing this form (please print):

_____

Physician's Name (please print):_____

Physician's Signature: _____