



1707 Kirby Pkwy Ste.100. Memphis, TN 38120 | Phone: 901-877-4017 |Fax: 901-589-4847  
**Core ‘Ordinates Care, Inc.** Pelvic Floor Synergy | Practice & Consulting

**Pelvic Floor Muscle Therapy & Rehab Referral Form**

Date \_\_\_\_\_

Home Address: \_\_\_\_\_

PATIENT

\_\_\_\_\_

INFORMATION

Primary Insurance Coverage \_\_\_\_\_

\*

First Name \_\_\_\_\_

Please list Policy Number \_\_\_\_\_

Last Name \_\_\_\_\_

Secondary Insurance Coverage

Phone

Please list Policy Number

Number \* \_\_\_\_\_

**Referring Provider \***

DOB \_\_\_\_\_

FULL NAME \_\_\_\_\_

NPI Number \_\_\_\_\_

Contact Number \_\_\_\_\_

• **Please select referral reason(s) Diagnosis ICD-10**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> _R39.15 Urgency of Urination                   | <input type="checkbox"/> _K59.09 Other constipation           | <input type="checkbox"/> _R32 Unspecified urinary incontinence |
| <input type="checkbox"/> _N39.3 Stress incontinence                     | <input type="checkbox"/> _N39.43 Post-Void dribbling          | <input type="checkbox"/> _R35.1 Nocturia                       |
| <input type="checkbox"/> _K59.00 Constipation unspecified               | <input type="checkbox"/> _N39.45 Continuous leakage           | <input type="checkbox"/> _N81.9 Female general prolapse,       |
| <input type="checkbox"/> _R35.0 Frequency                               | <input type="checkbox"/> _R15.0 Incomplete defecation_        | <input type="checkbox"/> _M62.81 Muscle weakness               |
| <input type="checkbox"/> _N39.41 Urge incontinence.                     | R39.14 Feeling of incomplete bladder emptying.                | <input type="checkbox"/> _N94.81 Vulvodynia                    |
| <input type="checkbox"/> _N39.42 Incontinence without sensory awareness | <input type="checkbox"/> _R39.191 Need to immediately re-void | <input type="checkbox"/> _N94.12 Deep dyspareunia              |
| <input type="checkbox"/> _K59.04 Chronic idiopathic constipation        | <input type="checkbox"/> _R33.9 Retention of urine            | <input type="checkbox"/> _R10.2 Pelvic/Perineal Pain           |
| <input type="checkbox"/> _N39.46 Mixed incontinence                     | <input type="checkbox"/> _N32.81 Overactive bladder           | <input type="checkbox"/> _N81.10 Cystocele                     |
|   | <input type="checkbox"/> _R39.11 Hesitancy of micturition     | <input type="checkbox"/> _N81.6 Rectocele                      |
|   |   | <input type="checkbox"/> _R15.9 Full incontinence of feces     |

• **Please download and fax this form to our team at 901-589-4847. Attn: PFT.**

Thank you for allowing us to care for your patients. Please allow 2-3 business days  
for patient contact and scheduling

Core'Ordinates Care, Inc.

Pelvic Floor Syngery| Practice & Consulting

Pelvic Floor Dysfunction Referral Form

Phone:901-877-4017

Fax: 901-589-4847

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