

VISIONS PHYSICAL THERAPY

SPECIALIZED SERVICES

GI DYSFUNCTION

() FLOWOOD CLINIC
2475 Lakeland Dr. Suite A
Flowood, MS 39232
Phone: (601) 664-1022
Fax: (601) 664-1076

() JACKSON CLINIC
4700 Robinson Rd Suite 650
Jackson, MS 39204
Phone: (601) 923-9823
Fax: (601) 923-9824

() CANTON CLINIC
908 E. Peace Street
Canton, MS 39046
Phone: (601) 859-1707
Fax: (601) 859-1757

() YAZOO CLINIC
1212 Jerry Clower Blvd
Yazoo, MS 39194
Phone: (662) 528-4964
Fax: (662) 528-4966

Patient's name: _____ Date: _____

Patient's phone number: _____

Frequency: __ DAILY __ 3x/wk __ 2x/wk OTHER: _____

Duration: _____ WEEKS

Diagnosis: _____

(or check one below)

- Bowel frequency, urgency, retention, and/or incomplete emptying
- Diarrhea
- Constipation
- Rectal and/or abdominal pain, pressure, or spasm
- Difficulty with initiation; and/or incontinence
- Irritable bowel syndrome (IBS)
- Irritable bowel disease (IBD)
- Rectal prolapse
- Hemorrhoid pain

Treatment: _____

(or check one below)

- PT Eval and Treat
- Pelvic floor exercises
- Core Strengthening
- Manual therapy and/or massage
- Relaxation techniques
- Postural education and functional training
- Toileting techniques
- Electrical stimulation
- Ultrasound
- Biofeedback
- Bowel diary
- Diet and education
- Home exercise program
- Other: _____

Comments/ Special Instructions: _____

Physician's signature: _____

Physician's phone/fax number: _____