



In Balance

Physiotherapy

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Kathleen Shortt PT

Name _____

- | | |
|--|--|
| <input type="checkbox"/> Stress Incontinence | <input type="checkbox"/> Dyspareunia |
| <input type="checkbox"/> Urge Incontinence/Frequency | <input type="checkbox"/> Vaginismus/Vulvodynia |
| <input type="checkbox"/> Mixed Incontinence | <input type="checkbox"/> Interstitial Cystitis |
| <input type="checkbox"/> Pelvic Organ Prolapse | <input type="checkbox"/> Chronic Prostatitis |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Pudendal Neuralgia |
| <input type="checkbox"/> Hesitation/Dysnergia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chronic Pelvic Pain | |

Additional Information:

Referred by

Date

Pelvic Rehabilitation