



*Dr. April Bolding, PT, CCE, CD*  
8225 Northrop Place SW, Seattle, WA 98136

## PRESCRIPTION FOR PHYSICAL THERAPY

PATIENT  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DIAGNOSIS/ICD-10 \_\_\_\_\_

GOALS \_\_\_\_\_

\_\_\_\_\_

### EVALUATE & TREAT AS APPROPRIATE

- |  |   |
|--|---|
| <input type="checkbox"/> Women's Health Physical Therapy | <input type="checkbox"/> Abdominal Pain/Diastasis Recti               |
| <input type="checkbox"/> Prenatal Physical Therapy       | <input type="checkbox"/> Scar Pain                                    |
| <input type="checkbox"/> Postpartum Physical Therapy     | <input type="checkbox"/> Musculoskeletal Pain/Dysfunction             |
| <input type="checkbox"/> Incontinence                    | <input type="checkbox"/> ROM/Strength/Function                        |
| <input type="checkbox"/> Prolapse of pelvic organs       | <input type="checkbox"/> Body Mechanic Evaluation/Training            |
| <input type="checkbox"/> Pelvic Pain                     | <input type="checkbox"/> Arvigo Techniques of Maya Abdominal Therapy® |
| <input type="checkbox"/> Dyspareunia                     | <input type="checkbox"/> Holistic Pelvic Care™                        |
| <input type="checkbox"/> Vaginal/Perineal Massage        |   |

NUMBER OF VISITS FOR TREATMENT: PRN

PROVIDER SIGNATURE \_\_\_\_\_

PROVIDER NAME \_\_\_\_\_ DATE: \_\_\_\_\_

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*Women's Health Physical Therapy ~ Maya Abdominal Massage ~ Holistic Pelvic Care ~ Childbirth Education*