



**Ohana Sport Medicine**  
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**Ohana Sports Medicine**  
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Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

**Pelvic Floor Muscle Pain**

- Pelvic Floor Muscle Spasm
- Vulvar Pain
- Vaginismus
- Levator Ani Syndrome
- Vestibulitis
- Anismus
- Proctalgia Fugax
- Menstrual Pain Disorder
- Endometriosis

**Bladder Dysfunction**

- Urinary Incontinence
- Mixed Incontinence
- Stress Incontinence
- Interstitial Cystitis
- Urge Incontinence
- Painful Bladder Syndrome

**Bowel Dysfunction**

- Constipation
- Non-relaxing Puborectalis
- Diarrhea
- Dyssynergia
- Fecal Incontinence
- Outlet Obstruction Dysfunction

**Sexual Dysfunction**

- Pain with Sexual Function
- Diminished Sexual Function
- Dyspareunia

**Prolapse/Supportive Dysfunction**

- Uterine Prolapse
- Rectocele
- Urethrocele
- Enterocoele
- Cystocele

**Post-Surgical**

- Cesarean Section
- Laparoscopy
- Post-Prostatectomy
- Hysterectomy
- Abdominal Hernia Repair
- Visceral Adhesions
- Episiotomy
- Post-TURP

**Other Musculoskeletal Pain**

- Low Back Pain
- Sciatica
- Coccyx Pain
- Thoracic Pain
- Abdominal Pain
- Testicular Pain
- Pelvic Girdle Pain
- Piriformis Syndrome
- Groin Pain

Other Diagnosis: \_\_\_\_\_

Frequency/Duration: \_\_\_x/wk. x \_\_\_wks.

Physician Certification: I certify the need for these services furnished under this plan of treatment and while under my care.

MD Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

