



**Providence
Health Care**

CENTRE FOR PELVIC FLOOR REFERRAL



* 1 0 8 3 4 *

Gynecology Referral

Place Patient Label Here

Centre for Pelvic Floor
Dr. R. Geoffrion Professional Medical Corporation
www.bepelvichealthaware.ca
Phone: 604-806-9835 Fax: 604-677-6252
MOA: Marie Regalado – mregalado@providencehealth.bc.ca

The Centre for Pelvic Floor provides diagnosis and management for disorders of the female pelvic floor, including urinary incontinence and obstructed urinary voiding; pelvic organ prolapse; fecal incontinence and obstructed defecation; pelvic fistulas including genitourinary and low rectovaginal; pelvic pain due to pelvic floor muscle hypertonicity/myofascial pain; painful bladder syndrome; sexual dysfunction due to pelvic floor disorders.

Date of Referral: (dd/mmm/yyyy) _____

PATIENT INFORMATION (please print clearly)			
Patient first name:	Patient last name:	DOB: (dd/mmm/yyyy)	PHN:
Patient address:		Patient email:	
Patient phone:	Alternate phone:	Interpreter Required: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Language:			
PHYSICIAN INFORMATION			
Referring Provider:		Billing number:	
Office address:			
Office phone:	Office fax:	Office email:	
Primary Care Provider:		Billing number:	
Office address:			
Office phone:	Office fax:	Office email:	
REFERRAL DETAILS (select all appropriate boxes)			
<input type="checkbox"/> Routine <input type="checkbox"/> Urgent: (reason) _____			
Reason for Referral: <input type="checkbox"/> pelvic organ prolapse * <input type="checkbox"/> fecal incontinence ** <input type="checkbox"/> defecation disorders <input type="checkbox"/> general gynecology	<input type="checkbox"/> pelvic pain and mesh complications (include previous OR records) <input type="checkbox"/> surgical complications (include previous OR records) <input type="checkbox"/> urinary incontinence	<input type="checkbox"/> genital tract fistulas <input type="checkbox"/> sexual dysfunction <input type="checkbox"/> overactive bladder <input type="checkbox"/> pessary fitting and maintenance <input type="checkbox"/> other: _____	
* If your patient is already wearing a pessary, please advise them to keep it out for at least three days prior to their initial visit at our clinic			
** Please have an endoanal ultrasound performed prior to visit – book at St. Paul's Hospital Radiology department: 604-806-8006			
SUPPORTING DOCUMENTS LIST			

Attached:	To follow:
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