Alberta Health Services

Affix patient label within this box

Pelvic Floor Referral

(Foothills Medical Centre Women's Health Ambulatory Care)

Submit completed referral by **fax** to 403-944-2154
call 403-944-4000 for inquiries. For more information visit –
http://www.albertahealthservices.ca/services/calgarypelvicfloorclinic.aspx

Date *(yyyy-Mon-dd)*

Patient Information

First Name	Last Name	Phone
Address	Postal Code	Personal Healthcare Number
City	Province	Date of Birth *(yyyy-Mon-dd)*
Language Barrier *(if yes, please specify)*		Special Needs *(e.g. wheelchair)*

Previously seen in the Pelvic Floor Clinic? ☐ No ☐ Yes, when *(yyyy-Mon-dd)* _____

Reason for Referral *(check all that apply)*

☐ Urinary Incontinence
☐ Fecal Incontinence
☐ Pelvic Organ Prolapse
☐ Outlet Constipation
☐ Urinary Retention
☐ Other _____

Service Required
☐ Urodynamics *(Gynecologists only)*
☐ Assessment and Treatment
☐ Pessary Fitting and Care

Allergies ☐ No ☐ Yes, list _____

Previously Trialed Therapies

☐ Pelvic Floor Exercises
☐ Pessary
☐ Physiotherapy
☐ Elimination of Bladder Irritants
☐ OAB Medication _____
☐ Other Medications _____
☐ Vaginal Estrogen _____
☐ Surgery _____

Comments

Patient History

Medical History

General Surgical History

Current Medications

(Ensure a current medications list (Form 19976 on insite) is brought to the initial appointment)

Referring Physician

Name	Phone	Stamp
Address	Practice ID	
	Fax	