Physiotherapy Downunder

Continence/Pelvic Floor Physiotherapy Referral Form

Doctors: Please post, fax or email to:
PO Box 3129 North Strathfield NSW 2137
Phone: 0400 799 199
Fax: 4744 2416
Email: info@physiotherapydownunder.com.au

Patients: Please call 0400 799 199 to make an appointment and present this referral at your first appointment.

Patient Name: ....

D.O.B:.. Sex: M ☐ F ☐

Address: ....

Home phone: .... Mobile:...

Presenting Symptoms/ Condition:

- ☐ Urinary Frequency
- ☐ Urinary Urgency
- ☐ Urinary Urge Incontinence
- ☐ Nocturia
- ☐ Urinary Stress Incontinence
- ☐ Faecal Urgency/ Incontinence
- ☐ Prolapse- Anterior / Apical / Posterior (please circle)
- ☐ Obstructed Voiding
- ☐ Vaginismus/ dyspareunia/ pelvic floor pain
- ☐ Obstructed Defecation
- ☐ Pre/ post radical prostatectomy
- ☐ Nocturnal enuresis

Clinical Notes/Treatment Requested:

Referring Doctor: ....

Address: ....

Phone: .... Fax: ....

Email: .... Date: ....

Please attach copies of any relevant investigations including bladder ultrasound, endoanal ultrasound, anal manometry, urodynamic studies etc