Providence Health Care

CENTRE FOR PELVIC FLOOR REFERRAL

Place Patient Label Here

Centre for Pelvic Floor
Dr. R. Geoffrion Professional Medical Corporation
www.bepelvichealthaware.ca
Phone: 604-806-9835 Fax: 604-398-8410
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: ☐ No ☐ 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)

☐ Routine
☐ **Urgent:** (reason)_____

Reason for Referral:		
☐ pelvic organ prolapse *	☐ pelvic pain and mesh complications (include previous OR records)	☐ genital tract fistulas
☐ fecal incontinence **	☐ surgical complications (include previous OR records)	☐ sexual dysfunction
☐ defecation disorders	☐ urinary incontinence	☐ overactive bladder
☐ general gynecology		☐ pessary fitting and maintenance
		☐ 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: