

REFERRAL FORM

Date: _____

Patient Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Health Care Number: _____

Referring Physician: _____



Reason for referral

- ☐ Pain with sex
- ☐ Genito-Pelvic Pain Conditions
- ☐ Prenatal or Postpartum Rehabilitation
- ☐ Genitourinary Syndrome of Menopause
- ☐ Incontinence
- ☐ Overactive Bladder, Bladder Pain Syndrome, Interstitial Cystitis
- ☐ Prolapse (if this is a pessary referral please see pessary referral form)
- ☐ Colorectal Conditions
- ☐ Pediatric Bowel or Bladder Dysfunction

Other notes or information: _____

Physician Signature: _____

Please sign and fax to Elle Physiotherapy (403) 754-4391. Thank you for your care and collaboration with this patient.

Elle Physiotherapy and Pelvic Health Team

Locations in Red Deer, Olds, Three Hills and Rocky Mountain House
Nicole Schmitt (PT), Joelle Sypkes (PT), Kelsey Moreau (PT), Emily Nadon (PT), Laura Christie (PT)
Lundie Graham (PT), Amanda Laramée (OT), Allie Busch (PT)
Pelvic Health Therapists
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