

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
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Pelvic Health Physiotherapists
ellepelvichealth.com