

PESSARY REFERRAL FORM



Date: _____

Patient Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Health Care Number: _____

Referring Physician: _____

****It is recommended that women who are post menopausal be supported with vaginal estrogen if being fit with a pessary to reduce the risk of vaginal erosion. Please assess and prescribe as you see fit****

In order for us to safely prescribe and fit this patient with a pessary, **please examine and clear the following medical contraindications:**

- Undiagnosed bleeding
- Severe vaginal atrophy
- Active vaginitis or urinary tract or other vulvar infection
- Ulceration of the cervix, the vagina, lacerations
- Uncontrolled diabetes
- Cancer of the vagina, uterus or bladder
- Active inflammatory disease of the pelvic floor
- Known silicone allergy
- Gynaecological surgery (mesh)
- NO CONTRAINDICATIONS

Other notes or information: _____

Physician Signature: _____

If you have cleared all medical contraindications, please sign and fax to Elle Physiotherapy (403) 754-4391, or if you have concerns, please contact us to discuss how we should progress. Thank you for your care and collaboration with this patient.

Nicole Schmitt
Pelvic Health Physiotherapist

Pelvic Health Physiotherapists
ellepelvichealth.com