

## Referring Health Professional Details

GP Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Patient Details

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare Number (if EPC/CDM): \_\_\_\_\_

Private Health Fund: \_\_\_\_\_

## Referral Type

Private Referral

Post-surgical Rehabilitation

EPC / Chronic Disease Management Plan

Women's Health Referral

NDIS

Pain Management (Acute or Chronic)

## Pelvic Health Presentation

- |   |   |
|---|---|
| <input type="checkbox"/> Urinary Incontinence                 | <input type="checkbox"/> Postnatal Abdominal Separation / Diastasis |
| <input type="checkbox"/> Urgency / Frequency                  | <input type="checkbox"/> Postpartum Pelvic Floor Rehabilitation     |
| <input type="checkbox"/> Overactive Bladder                   | <input type="checkbox"/> Pre/post Gynaecological Surgery            |
| <input type="checkbox"/> Constipation / Bowel Dysfunction     | <input type="checkbox"/> Endometriosis                              |
| <input type="checkbox"/> Pelvic Organ Prolapse                | <input type="checkbox"/> PCOS / PCOD                                |
| <input type="checkbox"/> Pelvic Pain                          | <input type="checkbox"/> Adenomyosis                                |
| <input type="checkbox"/> Pain with Intercourse                | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Pregnancy-related Pelvic Girdle Pain |   |

## Relevant Clinical History / Investigations

## Past Surgical / Obstetric / Gynaecological History

## Current Medications / Relevant Red Flags

## Reason for Referral / Goals

## Urgency

- Urgent (with in 1- 2 weeks)
- Semi Urgent (with in 3 - 6 weeks)
- Non Urgent

## GP Signature:

\_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please send referral to:

### Body Sync Physiotherapy

Physiotherapy | Pelvic Health | Women's Health | Clinical Pilates | Rehab

Phone: \_\_\_\_\_

Email / Secure Messaging: \_\_\_\_\_

Clinic Address: \_\_\_\_\_