



Patient Name: _____
Date of Birth: _____
Phone: _____ **PLACE LABEL HERE** _____
Health Card Number: _____

Date: _____

Reason for referral: _____

PELVIC HEALTH PROGRAM INDICATION for referral (Male & Female)

- | | |
|--|--|
| <input type="checkbox"/> Urinary Incontinence (Stress, Urge, Mixed) or Hesitancy | <input type="checkbox"/> Pregnancy & Peripartum Lumbar Spine Pain (Prevention & Treatment) |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Chronic Non-Bacterial Prostatitis |
| <input type="checkbox"/> Persistent Lumbar Spine / Hip Pain | <input type="checkbox"/> Vulvodynia / Vestibulodynia / Vaginismus |
| <input type="checkbox"/> Diastasis Rectus | <input type="checkbox"/> Grade 1 & 2 Prolapse (Uterine, Bladder) |
| <input type="checkbox"/> Scars / Adhesions / Contractures | <input type="checkbox"/> Pelvic Pain / Dyspareunia |

SERVICES

- | | |
|--|--|
| <input type="checkbox"/> Physiotherapy (Pelvic Floor) | <input type="checkbox"/> Psychotherapy / Psychology |
| <input type="checkbox"/> Osteopathic Manual Practitioner | <input type="checkbox"/> Peripartum Pelvic Physiotherapy |
| <input type="checkbox"/> Registered Massage Therapy | <input type="checkbox"/> Mindfulness |

PROGRAMS

PELVIC HEALTH, PREGNANCY, AND POSTPARTUM CONDITIONING

PREGNANCY AND POSTPARTUM CONDITIONING

This class will emphasize the pelvic floor & core muscle retraining with the goal of maintaining MSK integrity during pregnancy & getting patients back to their previous level of activity in the postpartum period.

PELVIC HEALTH

These 1-on-1 sessions focus on the nuances of pelvic floor function. The pelvic floor is strengthened in isolation, in co-contraction with the core musculature, in relationship to breathing, and is carried over into functional activity.

Physician Name: _____

Signature: _____

Provider Number: _____