

Pelvic Health Physiotherapy Service

Patient Completed Self Referral Form Date:

FOR ADULT FEMALE PATIENTS WITH URINARY/PROLAPSE SYMPTOMS ONLY

Please read and complete **all parts of this form** and hand in or send to Physiotherapy Department, Therapy Services, Queen Margaret Hospital, Whitefield Road, Dunfermline, KY12 0SU

If you are still attending school then you need to speak to your GP regarding a referral.

Please consult your GP URGENTLY if you have <u>recently or suddenly</u> developed: <ul style="list-style-type: none"> • Difficulty passing urine • Blood in urine or bleeding from back passage • Vaginal bleeding after the menopause • Bleeding after sexual intercourse 		Please inform your GP of this referral if you: <ul style="list-style-type: none"> • Have unusual vaginal discharge • Are feeling generally unwell/fever • Have a history of cancer • Have any unexplained weight loss • Urine that is cloudy and/or offensive odour 			
Name		Date of Birth		M <input type="checkbox"/>	F <input type="checkbox"/>
Address					
Post Code		Occupation			
Telephone	(home)	(work)	(mobile)		
GP Name					
Do you have any special requirements? (e.g. interpreter) No <input type="checkbox"/> Yes <input type="checkbox"/>					
Please describe:					
Are you pregnant? No Yes N/A					
Please complete for your main problem only					
Please describe your current problem and symptoms below:					
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.....					
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.....					
How long have you had this problem for?					
.....					
Please describe anything you have tried to improve your symptoms?					
.....					