



ADVANCED PELVIC PHYSIOTHERAPY
CENTRE – TORONTO

Patient's name: _____

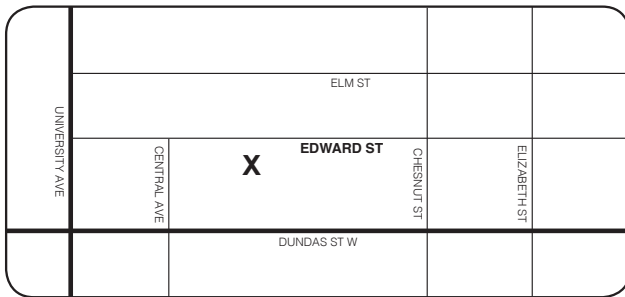
Please contact patient directly _____ PHONE _____

Relevant medical history / investigations / precautions:

Clinical Findings:

- | | | |
|---|--|--|
| <input type="radio"/> Stress incontinence | <input type="radio"/> Pre or Post-prostatectomy | <input type="radio"/> Vulvodynia/Vestibulodynia |
| <input type="radio"/> Urge incontinence/frequency | <input type="radio"/> Constipation | <input type="radio"/> Interstitial cystitis |
| <input type="radio"/> Mixed incontinence | <input type="radio"/> Hesitation/Dysynergia | <input type="radio"/> Bladder pain syndrome |
| <input type="radio"/> Overactive Bladder | <input type="radio"/> Enuresis | <input type="radio"/> Endometriosis |
| <input type="radio"/> Pelvic organ prolapse | <input type="radio"/> Encopresis | <input type="radio"/> Irritable bowel disease |
| <input type="radio"/> Pessary fitting | <input type="radio"/> Pre or post-surgical consult | <input type="radio"/> Coccydynia |
| <input type="radio"/> Postpartum rehab | <input type="radio"/> Dyspareunia | <input type="radio"/> Pudendal neuralgia |
| <input type="radio"/> Mastitis | <input type="radio"/> Vaginismus | <input type="radio"/> Chronic non-bacterial prostatitis/CPPS |
| <input type="radio"/> Other _____ | | <input type="radio"/> Pelvic pain |

Referred by: _____ Date: _____



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