

Fax to: 312-5136
Attention: Ashley McDilda, RN Navigator

Referring Physician: _____ Phone#: _____

Please fax back to: _____ at fax#: _____

Patient needs evaluation for:

<p>Circle One:</p> <p>Pelvic Pressure Vaginal Bulge Urinary Incontinence Overactive Bladder Urinary Retention Obstructed Defecation Fecal Incontinence Rectal Prolapse</p> <p>Other: _____</p>		
<p><input type="checkbox"/> Reconstructive Urology <i>ex. Urinary Incontinence Vault Prolapse Fistula/Strictures Recurring UTI Urethral Diverticulum</i></p>	<p><input type="checkbox"/> Reconstructive Gynecology <i>ex. Uterine Prolapse Vaginal Vault Prolapse Hysterectomy Urinary Incontinence Cystocele Rectocele</i></p>	<p><input type="checkbox"/> Colorectal Surgery <i>ex. Fecal Incontinence Rectal Prolapse Anal Stenosis Obstructing Mass Fistula</i></p>
<p>Please attach a copy of:</p> <p><input type="checkbox"/> Recent office/progress notes with pertinent history for consult, summary of medical management so far (meds, dietary/ fluid manipulation, etc.)</p> <p><input type="checkbox"/> Relevant cancer screening (i.e. colonoscopy, PAP, etc.) if available</p> <p><input type="checkbox"/> Any pertinent laboratory or imaging results</p>		

Patient's PCP: _____ Patient's OB/GYN: _____

Pelvic Health team will contact patient's care providers upon referral and communicate consultative care provided.

Diagnosis: _____

Patient Name: _____

DOB: _____ Age: _____ SSN: _____

Phone# _____ Mobile# _____

Patient will be contacted within 24 hours by the RN Navigator 312-6650

Program Use:

Appointment Date: _____ Time: _____

Notes: _____

Form faxed back to provider on: ___/___/___