



Coastal Physiotherapy Clinic

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CONTINENCE & WOMEN'S HEALTH PHYSIOTHERAPISTS

Ruth Todd

B.App.Sc (Phty)

Catherine Hayden

B.App.Sc (Phty) Post Grad Cert

(Pelvic Floor Physiotherapy)

Dear Ruth / Catherine

Could you please assess and treat:

Patient's Name:.....

Patient's Contact Ph. No.:.....

Who has a diagnosis of:

- | | | |
|--|--|--|
| <input type="checkbox"/> Stress Incontinence | <input type="checkbox"/> Weakened Pelvic Floor | <input type="checkbox"/> Prostate Related Leakage |
| <input type="checkbox"/> OAB Wet / Dry | <input type="checkbox"/> Prolapse | <input type="checkbox"/> Pelvic Pain |
| <input type="checkbox"/> Frequency / Urgency | <input type="checkbox"/> Faecal Incontinence | <input type="checkbox"/> Pudendal Nerve Entrapment |
| <input type="checkbox"/> Nocturia | <input type="checkbox"/> Chronic Constipation | <input type="checkbox"/> Levator Ani Syndrome |
| <input type="checkbox"/> Nocturnal Enuresis | <input type="checkbox"/> Defecation Disorder | <input type="checkbox"/> Vulvadynia / Vaginismus |

Indicate:.....
.....

Clinical notes/ history indicate:.....
.....
.....
.....
.....

Referring Medical Practitioner:.....

Date ___/___/___

New Referral Pad