

Bayside Health Peninsula

**REFERRAL
UROGYNACEOLOGY
MULTIDISCIPLINARY SERVICE**

UR NUMBER

SURNAME

GIVEN NAMES

DATE OF BIRTH

Please fill in if no Patient Label available

App.12/6/26 Print Code:17582

Referral Date:/...../.....

Referral to: Dr. Nisha Khot

Urogynaecology Service

Mornington Centre

Phone: 1300 665781

Fax: 9125 5862

Referring Doctor:

Practice Address:

Practice Phone:

Provider Number:

Note: This is a multidisciplinary service. All patients will be triaged and referred to one or more providers that may include; continence clinical nurse consultant, physiotherapist, gynaecologist, urologist, geriatrician.

This is not a suitable service for abnormal urogenital bleeding, suspected malignancy, faecal incontinence or rectal prolapse.

Title: Patient's Given Name: Surname:

Contact Phone Number: Date of Birth:/...../.....

Patient Address:

GP Name (if not the referring doctor): GP Phone:

GP Address:

Spoken Language if not English: Interpreter Required: Yes No

Aboriginal / Torres Strait Islander: Yes No Refugee Status: Yes No

Pension No: Medicare No: DVA No:
Gold / White / Other

Indication: Please indicate symptom cluster(s):

- Containment advice and support only (eg very frail, not suitable for pelvic floor rehabilitation or medical treatment)
- Stress incontinence
- Overactive bladder (OAB) urgency, frequency
- Mixed incontinence (stress and OAB symptoms)
- Uterovaginal prolapse

Details:

Treatments already attempted:

Medical History / Drugs / Allergies:

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Ensure that the following are included in the referral:

- Recent MSU result
- Any relevant imaging results

..... Referring Dr Name Signature



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MR/351160