

Peninsula Health

**REFERRAL  
UROGYNAECOLOGY  
MULTIDISCIPLINARY SERVICE**

UR NUMBER .....  
SURNAME .....  
GIVEN NAMES .....  
DATE OF BIRTH .....  
Please fill in if no Patient Label available App.29/11/2023 Print Code:17582

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

Referral to: Dr. Nisha Khot  
Urogynaecology Service  
Mornington Centre  
Phone: 1300 665781  
Fax: 9125 5817

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: .....

.....

.....

.....

.....

Ensure that the following are included in the referral:

- Recent MSU result
- Any relevant imaging results

.....  
Referring Dr Name Signature



29/11/2023 Print Code:17582 Ref Link GP Liaison

REFERRAL UROGYNAECOLOGY MULTIDISCIPLINARY SERVICE

MR/351160