

Peninsula Health

**REFERRAL  
UROGYNAECOLOGY  
MULTIDISCIPLINARY SERVICE**

UR NUMBER .....  
SURNAME .....  
GIVEN NAMES .....  
DATE OF BIRTH ..... Gender .....  
Please fill in if no Patient Label available App.8/01/19 Print Code:17582

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

Referral to: Dr Jolyon Ford & Dr Anjali Khushu  
Urogynaecology Service  
Mornington Centre  
Phone: 1300 665781  
Fax: 9784 2309

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
- Requires urodynamic investigations

Details: .....

Treatments already attempted: .....

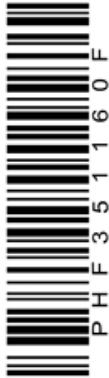
Medical History / Drugs / Allergies: .....

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Ensure that the following are included in the referral:

- Recent MSU result
- Any relevant imaging results

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Referring Dr Name Signature



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MR/351160