Pelvic Health Physiotherapy Service
Patient Completed Self Referral Form  Date: [ ]
FOR ADULT FEMALE PATIENTS WITH URINARY/PROLAPSE SYMPTOMS ONLY

Please read and complete all parts of this form and hand in or send to Physiotherapy Department, Therapy Services, Queen Margaret Hospital, Whitefield Road, Dunfermline, KY12 0SU
If you are still attending school then you need to speak to your GP regarding a referral.

Please consult your GP URGENTLY if you have recently or suddenly developed:
- Difficulty passing urine
- Blood in urine or bleeding from back passage
- Vaginal bleeding after the menopause
- Bleeding after sexual intercourse

Please inform your GP of this referral if you:
- Have unusual vaginal discharge
- Are feeling generally unwell/fever
- Have a history of cancer
- Have any unexplained weight loss
- Urine that is cloudy and/or offensive odour

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<th>Name</th>
<th>Date of Birth</th>
<th>M</th>
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| Address |

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<tr>
<th>Post Code</th>
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GP Name

Do you have any special requirements? (e.g. interpreter)  No [ ]  Yes [ ]

Please describe: [ ]

Are you pregnant?  No [ ]  Yes [ ]  N/A

Please complete for your main problem only

Please describe your current problem and symptoms below:

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How long have you had this problem for?

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Please describe anything you have tried to improve your symptoms?

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