



Centre for Pelvic Floor Competence


• Geoffrey Cundiff Professional Medical Corporation•


Fax: 604-806-9189; Phone: 604-806-9684

www.centreforpelvicfloor.ca

REFERRAL FORM

Dr. Geoffrey W. Cundiff

 Clinic to designate to first available physician

 **Urgent** (Please give reason) _____

The Centre for Pelvic Floor provides diagnosis and management of most disorders of the female pelvic floor

REFERAL INFORMATION

Date: _____

Referring physician (or use stamp):

Name _____

MSP# _____

Fax: _____

Patient information (or affix label):

Name _____


PHN _____


DOB _____


Address _____


Phone number _____


REASON FOR REFERRAL:

 pelvic organ prolapse


 fecal incontinence

 genital tract fistulas


 minimally invasive surgery


 general gynecology

 other _____

 female urinary incontinence

 defecation disorders

 female sexual dysfunction

 congenital malformations

Details: _____

 **SUPPORTING DOCUMENTS, PLEASE LIST**

- Attached:
- To Follow: