



Centre for Pelvic Floor Competence

• Dr R Geoffrion Professional Medical Corporation•

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www.centreforpelvicfloor.ca

REFERRAL FORM Dr. Roxana Geoffrion

... 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

REFERRAL 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

... postmenopausal hormonal therapy

... general gynecology/minimally invasive surgery

* ... vulvar and pelvic pain

... urinary incontinence

... defecation disorders

... female sexual dysfunction

... urinary tract infections

... colposcopy

... other _____

Details: _____

... SUPPORTING DOCUMENTS, PLEASE LIST

- Attached:

- To Follow:

* associated with prior pelvic floor surgery (please provide previous OR reports)