body works

chiropractic. massage. physio.

902.894.4400

Corena Hughes. B.Sc., Physiotherapist

Pelvic Floor Physiotherapy

Referral Form

Patient information Date: _____

Name: _____

Date of Birth: _____

Phone number: _____

Pelvic Health Concerns

□ Urinary/fecal incontinence □ Urinary/fecal urgency

□ Constipation □ Painful urination/bowel movements

□ Painful intercourse □ Pre & post natal care

□ Other: _____

Physician's notes:

_____

_____

_____

_____

_____

_____

Referring Physician

Name: _____ Signature: _____

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