MAUD MEDICAL CLINIC

FAX: 1-587-510-2000
PHONE: 587-352-MAUD (6283)

Physician Referral Form

PATIENT LABEL:

PLEASE SELECT AND ELABORATE ON THE CONCERN(S) NEEDED TO BE ADDRESSED:

MEDICAL DOCTOR:

- ☐ Menopause Management
- ☐ Hormone Therapy by NAMS certified MD
- ☐ IUD / NEXPLANON Insertion
- ☐ Vaginal Concerns
- ☐ Pelvic Concerns
- ☐ Contraception Counselling
- ☐ Menstrual Concern
- ☐ PAP Smear
- ☐ Other_____

PELVIC FLOOR PHYSIOTHERAPY:

- ☐ Pelvic Pain / Dyspareunia
- ☐ Pre / Postnatal
- ☐ Incontinence
- ☐ Incontinence with EMSELLA By Maud Program
- ☐ Pelvic Dysfunction
- ☐ Sexual Function
- ☐ Consitpation
- ☐ Pessary Care
- ☐ Other_____

OTHER SERVICES:

- ☐ Women's Health Nutrition
- ☐ EMSELLA By Maud Program for incontinence / sexual fuction
- ☐ Sexual Function Counselling

INCLUDE PATIENT HISTORY *REQUIRED FOR REFERRAL TO BE ACCEPTED
CURRENT MEDICATIONS, ALLERGIES, ANY PRIOR MEDICAL HISTORY/SURGERIES:

REFERRING PRACTIONER:

PRAC ID: