



Health
Sydney
Local Health District

Obstetric and Gynaecological Physiotherapy Referral

RPAH Physiotherapy Department

Phone: 9515 9853 Fax: 9515 9751
Level 5, QE II Building, 57-59 Missenden Rd, Camperdown

PATIENT LABEL OR		Interpreter required (YES/ NO)
NAME: _____	Date of Referral : _____	
DOB: _____	Referrer's Signature: _____	
MRN: _____	Printed Name: _____	
PHONE: _____	Referrer's Designation: _____	Language: _____
ADDRESS: _____	Referrer's Contact: _____	
_____	(phone/ pager)	

Reason for Referral: **Gestation:** **/40** **Duration of Symptoms:** _____
Pelvic Girdle Pain ☐ Low back Pain ☐ Difficulty mobilising ☐

Pelvic Floor Dysfunction ☐

Please specify (circle) : *Incontinence (urinary/ faecal)* *Prolapse* *Urgency*

Other: _____ **HAND referrals: SLHD-RPAHand@health.nsw.gov.au**

Relevant History:

Please fax to Physiotherapy Department on 9515 9751

****Please make patient aware that there is a waiting list and they will be contact by phone or post as soon as possible. Please advise patient of availability of private physiotherapy services****

Office use only:	Called 1: <input type="radio"/>	Called 3: <input type="radio"/>
Appointment given:	Date: _____	Date: _____
Date:		
Physio:	Called 2: <input type="radio"/>	Letter Out: <input type="radio"/>
UTA/ FTA/ Resched	Date: _____	Date: _____