



# Pelvic Floor Center

Progressive Research. Advanced Diagnostics. Innovative Treatments. ®

## PATIENT REFERRAL / TESTING ORDER FORM

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

### REFERRING PROVIDER INFORMATION

Provider Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Clinical Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### STEP 1: DIAGNOSIS – PLEASE CHECK ALL THAT APPLY

*TESTING PERFORMED ACCORDING TO SPECIALTY DEFINED DIAGNOSIS PROTOCOL*

Accidental Bowel Leakage

Constipation

Rectal Pain

Pediatric Patient

*(Testing Only)*

**High Resolution Anoscopy Clinic**

\_\_\_\_ Abnormal Anal Pap Results

\_\_\_\_ Anal / Rectal Polyps

Prolapse:

\_\_\_\_ Rectal

\_\_\_\_ Rectocele

\_\_\_\_ Enterocele

**Ultrasound Clinic**

\_\_\_\_ Fistula / Abscess

\_\_\_\_ New Dx Anal / Rectal Cancer

\_\_\_\_ Follow-Up Anal / Rectal Cancer

#### **Urogynecology**

Urinary Incontinence

Prolapse

\_\_\_\_ Vaginal / Uterine

\_\_\_\_ Cystocele

Pelvic / Vaginal Pain

### STEP 2: PLAN OF CARE – PLEASE CHECK PREFERENCE

**Testing Only**

Patient Will return to referring provider to discuss results of testing and a treatment plan

**Testing and Consult**

Patient will consult with applicable pelvic floor specialists for review of test results and treatment plan

**Testing then Biofeedback if Indicated**

Patient will undergo pelvic floor testing only and will return to referring provider for results. We will schedule biofeedback if indicated by testing.

**Biofeedback**

Patient does not need any pelvic floor testing or consultation. Patient referred for biofeedback only.

### STEP 3: PROVIDE RELEVANT MEDICAL RECORDS

*PATIENT WILL BE SCHEDULED ONCE RECORDS HAVE BEEN RECEIVED*

Medical Records Attached

Records will be sent once complete

Records available on Excellian / Fairview  
MRN: \_\_\_\_\_

### STEP 4: ADDITIONAL COMMENTS OR CONSIDERATIONS