**Your problem (please tick all that apply)**

Leaking urine

Urinary urgency / frequency

Prolapse

Bowel problem – constipation / leakage/ other

Pelvic pain

Difficulty with pelvic floor muscle exercises

Something else? Please give details

Is there any other information you would like us to have? You can write on the other side of this sheet, or attach a separate sheet of paper.

|  |
| --- |
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**Your Details Today’s date:**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_

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PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your doctor’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your doctor’s address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick this box if you are pregnant:

Once you have filled this form in please hand it in to your nearest physiotherapy department or GP surgery, or send it to one of the Pelvic Health physios post or email - **nhsh.pelvichealthphysio@nhs.scot** – either way we will ensure your referral goes to the closest and best qualified person to treat you.

Our Pelvic health specialist physiotherapists are:-

**Kirsteen Ferguson** & **Diane Stark**, Physiotherapy Department, Torvean Unit, New Craigs Hospital, Inverness IV3 8NP

**Ashleigh Bulcraig**, County Hospital Invergordon IV18 0JR

**Lynne Tait**, Caithness General Hospital, Bankhead, Wick, KW1 5NS

**Ada Cardiff**, Cowal Community Hospital, 360 Argyll Street, Dunoon, PA23 7RL

 **Iona Fulton**, Lorn and Islands Hospital,[Glengallan Road, Oban PA34 4HH](https://www.bing.com/local?lid=YN1076x247346904&id=YN1076x247346904&q=Lorn+%26+Islands+Hospital&name=Lorn+%26+Islands+Hospital&cp=56.40027618408203%7e-5.4750189781188965&ppois=56.40027618408203_-5.4750189781188965_Lorn+%26+Islands+Hospital)

**If you have any of the following, please see your GP before self referring for physiotherapy**

Stinging or burning sensation when you pass urine, or blood in your urine

Any unusual / unexpected bleeding or staining from the vagina

Any bleeding from the anus (back passage)

Persistent abdominal pain

Persistent abdominal bloating which does not come and go

Difficulty eating or finding you feel full early in a meal

Recent weight loss without trying

Any numbness, tingling or muscle weakness

Have you seen any medical professionals with this problem? Yes/ No

If yes, please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has it been a problem ? (please circle)

 Weeks / months / years