**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.

|  |
| --- |
|  |

**Your Details *Today’s date*:**

NAME (as its down in your medical record) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What you would like us to call you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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POSTCODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your doctor’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your doctor’s address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**GP’S** – Please use SCI STORE for referral where possible

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 send it to one of the Pelvic Health physiotherapists as below - **nhsh.pelvichealthphysio@nhs.scot** – We will ensure your referral goes to the closest and best qualified person to treat you.

PLEASE ADDRESS IT TO - **PHYSIOTHERAPY PELVIC HEALTH SPECIALIST TEAM ,**at the address closest to you below. :\_

* **WARD 2 RNI, NESS WALK, INVERNESS, IV3 5SF**
* **COUNTY COMMUNITY HOSPITAL, INVERGORDON, IV18 0JR**
* **CAITHNESS GENERAL HOSPITAL, BANKHEAD, WICK, KW1 5NS**
* **COWAL COMMUNITY HOSPITAL, 360 ARGYLL STREET, DUNOON, PA23 7RL**
* **LORN AND ISLES COMMUNITY HOSPITAL,**[**GLENGALLON 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 new 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