

207-3825 Sunset Street
Burnaby, BC, V5G 1T4
(Located beside Burnaby Hospital)



Book your appointment at
www.innercirclephysio.ca
or call us at 604-969-0693

PELVIC HEALTH PHYSIOTHERAPY REFERRAL FORM

Please send us this referral via:

Fax: 604-969-0693

Email: connect@innercirclephysio.ca

Patient's Name:

DOB:

Phone:

Referring Diagnosis:

Pelvic Health Physiotherapy

Urinary Incontinence

Stress

Urge

Mixed

Overactive Bladder

Pelvic Organ Prolapse

Sexual Dysfunction

Transgender Care

Prenatal & Postpartum Check

Bowel Dysfunction

Flatal/Fecal Incontinence

Pre/Post Prostatectomy

Pelvic Pain

Vaginismus

Scar / Adhesion Management

Interstitial Cystitis

Chronic Prostatitis

Pudendal Neuralgia

Anorectal Pain Syndrome

Orthopedic/Neuro Physiotherapy

Low Back / Hip Pain

Sciatica

Diastasis Recti

Pregnancy Related

Pelvic Girdle Pain

Decreased Strength

Carpal Tunnel Syndrome

ADL Concerns

Other (please specify):

Relevant Medical History (if applicable):

Referred by:

Date: