

# Appendix 1. Physiotherapy referral form

**PHYSIOTHERAPY SERVICE  
HYWEL DDA UNIVERSITY HEALTH BOARD  
WOMEN'S HEALTH SERVICE MATERNITY REFERRAL**

**PATIENT DETAILS**

NAME: ADDRESS	GP: SURGERY
POST CODE: DOB	
HOSPITAL NUMBER: TEL NO:	CONSULTANT:

**PATIENT IS:**

ANTENATAL:  Gestation: \_\_\_\_\_ POSTNATAL:  Days: \_\_\_\_\_

TYPE OF DELIVERY:

DATE:

**REASON FOR REFERRAL**

PELVIC GIRDLE/BACK PAIN

PELVIC FLOOR REHAB

RISK SCORE (SEE OVERLEAF):

OTHER – Please specify:

.....

.....

**RELEVANT INFORMATION**

.....

.....

.....

.....

REFERRED BY:.....SIGNATURE:.....DATE:.....

PLEASE SEND COMPLETED FORM TO WOMEN'S HEALTH PHYSIOTHERAPY SERVICE  
OUTPATIENT DEPARTMENT

**PHYSIOTHERAPY SERVICE  
HYWEL DDA UNIVERSITY HEALTH BOARD  
WOMEN'S HEALTH SERVICE MATERNITY REFERRAL**

**PELVIC FLOOR RISK ASSESSMENT TOOL**

<b><u>RISK FACTORS</u></b>	<b><u>CIRCLE SCORE</u></b>
LARGE BABY > 4kg (8LB)	2
MULTIPARITY	2
PROLONGED PUSHING >2 HRS	4
FORCEPS/VONTUSE	4
EPISIOTOMY	3
3 <sup>RD</sup> /4 <sup>TH</sup> DEGREE TEAR	6
EPIDURAL/SPINAL	2
MULTIPLE PREGNANCY	1
CHRONIC CONSTIPATION	1
OBESITY	1
OLDER PRIMIPAREA (>35)	1
CONTINENCE PROBLEM	6
SYMPTOMS OF PROLAPSE	4
TOTAL SCORE (MAX 37)	

LOW/MEDIUM RISK (0-5) – LEAFLET

MEDIUM/HIGH RISK (6-14) – LEAFLET, ADVICE, CONSIDER PHYSIO REFERRAL

HIGH/VERY HIGH RISK (15+) – LEAFLET, ADVICE, PHYSIO REFERRAL

- **PATIENT WITH 3<sup>RD</sup> AND 4<sup>TH</sup> DEGREE TEARS, CONTINENCE SYMPTOMS OR PROLAPSE SHOULD BE REFERRED TO PHSIO OUTPATIENT SERVICE REGARDLESS OF TOTAL RISK SCORE**

**ADDITIONAL PERINEAL WOUND BREAKDOWN RISKS**

EXTENSIVE ODEMA	<input type="checkbox"/>
BRUSING	<input type="checkbox"/>
HAEMATOMA	<input type="checkbox"/>
WOUND CONTAMINATION	<input type="checkbox"/>