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Health Board

## Pelvic floor – Urogynae MDT Referral Form

Email this form to Urogynae Medical Secretary Leah Thornton-Lane at  
[leah.thornton-lane2@wales.nhs.uk](mailto:leah.thornton-lane2@wales.nhs.uk)

<b>Patient Details / NHS No</b>	
<b>Referring Clinician</b>	
<b>Date of Referral</b>	
<b>MDT Question / Reason for referral</b>	
<b>Chief Complaint / Gynae History</b>	
<b>Bladder Function</b>	
<b>Bowel Function</b>	
<b>Sexual Function / Menstrual History</b>	
<b>Pain</b>	



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<b>Examination: Abdo</b>	
<b>Pelvic Floor</b>	
<b>PopQ Score / Prolapse</b>	
<b>BMI and Medical Comorbidities / Social History</b>	
<b>Surgical History</b>	
<b>Assessed by Continence team?</b>	<b>YES</b> <b>AWAITING</b> <b>N/A</b>
<b>Physiotherapy?</b>	<b>YES</b> <b>AWAITING</b> <b>DECLINED</b>
<b>Bladder Diary/Training</b>	<b>NO</b> <b>AWAITING</b> <b>YES</b> If yes please upload fluid volume chart to WCP prior to MDT
<b>Urodynamics?</b>	<b>N/A</b> <b>Awaiting</b> <b>YES – Diagnosis:</b>