



**Email this form to Urogynae Medical Secretary Toluwalase Ojo at
toluwalase.ojo2@wales.nhs.uk**

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



Pelvic floor – Urogynae MDT Referral Form

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