

Avista Pelvic Health Center

Physician Referral



Client Name: _____ DOB _____

Client Contact Phone Number _____

Physician Name: _____

How would you like to schedule an appointment for the client?

- ☐ Avista Pelvic Health Center to call client (be sure contact number is above)
- ☐ Client will call the Avista Pelvic Health Center
- ☐ Physician office scheduled an appointment on _____ at _____

Reasons for referral (mark all that apply)

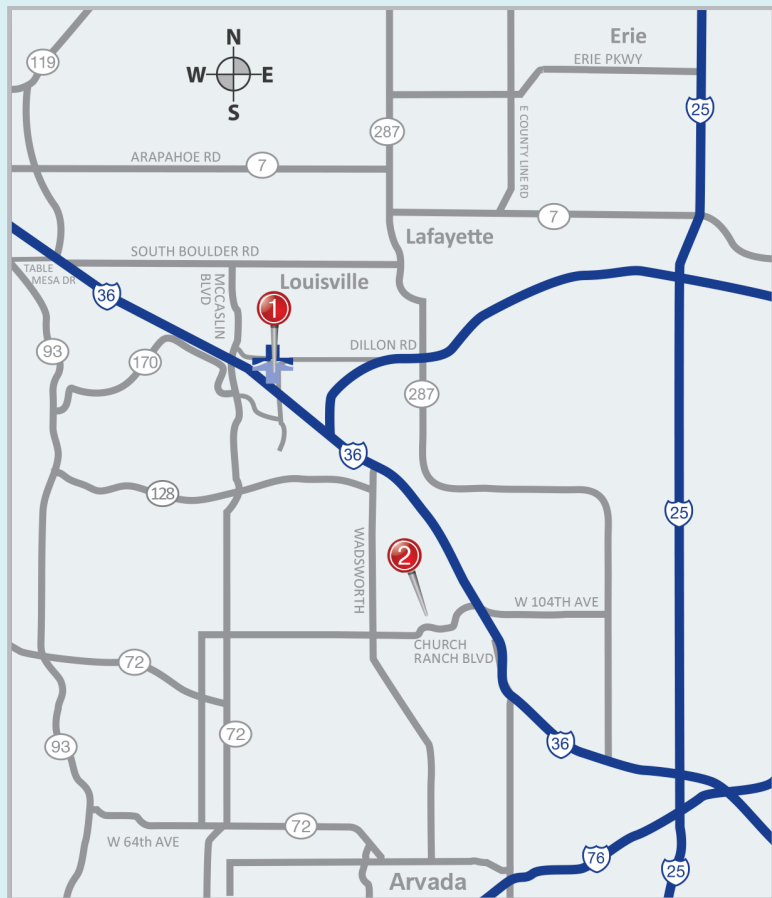
- ☐ Consult
- ☐ Address the client issue(s) of:
 - ☐ Urinary incontinence
 - ☐ Bowel incontinence
 - ☐ Recurrent bladder infections
 - ☐ Pelvic organ prolapse
 - ☐ Other _____
- ☐ Dyspareunia and noncyclic pelvic pain
- ☐ Post birthing complications including tears
- ☐ Constipation
- ☐ Physical therapy for _____

Avista Pelvic Health Center phone number: **303-925-4038 or 1-855-236-8872**

Please complete this form and fax it to **303-925-4021**. Please give the client this form, if scheduled by the office please ask the client to bring it to their appointment.

Avista Pelvic Health Center





Avista Pelvic Health Center



- 1 100 Health Park Drive
Louisville, CO 80027
- 2 7233 Church Ranch Blvd
Westminster, CO 80021

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www.avistahospital.org/pelvichealth