



PROACTIVE
PHYSIOTHERAPY

38 Smith Street West
Yorkton, SK. S3N 3X5

Phone: 306.783.1019 Fax: 306.783.1401

www.proactive-physio.ca
admin@proactive-physio.ca

Abiodun Adefolarin BScPT, MScMT, MCISc
MMACP, FCAMPT

PELVIC HEALTH REFERRAL FORM

Last Name:	First Name:	
Date of Birth:	Health Service Number:	
Address:	Phone Numbers (H):	
Email Address:	(W):	
	(C):	
REASON FOR REFERRAL		
<input type="checkbox"/> Urinary Incontinence	<input type="checkbox"/> Pelvic pain	<input type="checkbox"/> Tail-bone pain (coccydynia)
<input type="checkbox"/> Fecal incontinence or evacuation dysfunction	<input type="checkbox"/> Back, Hip, or Pelvic musculoskeletal dysfunction	<input type="checkbox"/> Pre/post operative care
<input type="checkbox"/> Prenatal care		<input type="checkbox"/> Other
<input type="checkbox"/> Postnatal care		
PERTINENT MEDICAL/ SURGICAL HISTORY:		
ADDITIONAL COMMENTS:		

REFERRING HEALTH PRACTITIONER NAME/SIGNATURE: