OPTIMUM PERINATAL HEALTH INC.
READY, RECOVER, RESTORE

PESSARY REFERRAL FORM FOR PHYSICIANS

Date: _____

Patient Name: _____

Address: _____

Phone #: _____

Date Of Birth: _____

Health Care Number:_____

Referring Physician:_____

6 weeks prior to pessary fittings, to reduce the risk of vaginal erosion, it is recommended that post menopausal women be supported with vaginal estrogen. Please assess and prescribe as you see fit.

In order for the physiotherapist at Optimum Perinatal Health to safely prescribe and fit this patient with a pessary, please examine and clear the following medical contraindications:

- Undiagnosed bleeding
- Severe vaginal atrophy
- Active vaginitis or urinary tract and other vulvar infections
- Ulceration or laceration of the cervix or vagina
- Uncontrolled diabetes
- Cancer of the vagina, uterus, bladder
- Active inflammatory disease of the pelvic floor
- Known silicon allergies
- Gynecological surgeries (ie.mesh)
- NO CONTRAINDICATIONS

Other notes or information that you feel is important for us to know:

Physician Signature: _____

Please sign and fax this to Optimum Perinatal Health at (403) 930- 3546 if medical contraindications are cleared. If concerns exist please contact us to discuss how we should proceed. Thank you for your care and collaboration with this patient.

Corina Kerrison PT /Ashley Duguid PT
Pelvic Health Physiotherapists