



the fix program

The Fix Program Sydney CBD

Suite 503/71 York St, Sydney 2000
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The Fix Program Broadway

Shop LG03 Broadway Shopping Centre
Corner Francis & Bay St, Broadway 2007
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email: broadway@fixprogram.com

Women's Health Referral Form

Client name:

Client address:

Client contact number:

Date of birth:

Reason for Referral:

- | | |
|--|---|
| <input type="checkbox"/> Pelvic floor strengthening | <input type="checkbox"/> Pelvic organ prolapse |
| <input type="checkbox"/> Stress urinary incontinence | <input type="checkbox"/> Over active bladder |
| <input type="checkbox"/> Urge urinary incontinence | <input type="checkbox"/> Bowel dysfunction |
| <input type="checkbox"/> Sexual pain | <input type="checkbox"/> Pelvic pain |
| <input type="checkbox"/> Pessary fitting | <input type="checkbox"/> Other <input type="text"/> |

History of Presenting Condition

Referrer's name and address:

Referrer's contact number:

Referrer signature: Date:

Please fax completed form to The Fix Program on (02) 9264 0076

For more referral forms photocopy this page or download the PDF from our website: www.fixprogram.com