



the fix program

Women's Health Referral Form

The Fix Program Sydney CBD

Suite 503/71 York St, Sydney

tel: 9264 0077

email: sydneycbd@fixprogram.com

Client name:

Client address:

Client contact number:

Date of birth:

Reason for Referral:

Pelvic floor strengthening

Pelvic organ prolapse

Stress urinary incontinence

Over active bladder

Urge urinary incontinence

Bowel dysfunction

Sexual pain

Pelvic pain

Pessary fitting

Other

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