



Health
Sydney
Local Health District

Obstetric and Gynaecological Physiotherapy Referral

RPAH Physiotherapy Department

Phone: 9515 9853

Ground Floor QE II Building, 57-59 Missenden Rd, Camperdown

PATIENT LABEL OR		Interpreter required (YES/ NO)
NAME: _____	Date of Referral : _____	
DOB: _____	Referrer's Signature: _____	
MRN: _____	Printed Name: _____	
PHONE: _____	Referrer's Designation: _____	Language: _____
ADDRESS: _____	Referrer's Contact: _____	
_____	(phone/ pager)	

Reason for Referral:

Pelvic Girdle Pain ☐

Pelvic Floor Dysfunction ☐

Please specify (circle) :

Gestation: /40

Low back Pain ☐

Incontinence (urinary/ faecal)

Duration of Symptoms: _____

Difficulty mobilising ☐

Prolapse

Urgency

Other: _____

Hands – please specify numbness/ pins and needles/ pain and email this form to the Hands department on rpahandreferrals@sswhs.nsw.gov.au for patient to be placed on waiting list.

Relevant History:

Please fax to Physiotherapy Department on 9515 9751

****Please make patient aware that there is a waiting list and they will be contact by phone or post as soon as possible. Please advise patient of availability of private physiotherapy services****

Office use only:	Called 1: <input type="radio"/>	Called 3: <input type="radio"/>
Appointment given:	Date: _____	Date: _____
Date:		
Physio:	Called 2: <input type="radio"/>	Letter Out: <input type="radio"/>
UTA/ FTA/ Resched	Date: _____	Date: _____