THE UNIVERSITY OF BRITISH COLUMBIA





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Patient Informa	tion				
Namesurname					/dd/yy)
Home Phone No		Work		Cell	
Personal Health	Number				
Address					
City		Province			Postal Code
Family Doctor _	surname	initials		MSP No	
Referring Dr	surname	initials		MSP No	
Referring Doctor's Office Phone No:email:				ice Fax No:	
Does this client speak English?			Yes	No	
Does this client need assistance to transfer?			Yes	No	

CLIENT COMPLAINTS: (check all that apply)

- Stress incontinence (leakage with coughing or sudden movement)
- o Urge Incontinence (leakage of larger amounts associated with urgency/frequency/nocturia
- Prolapse (protrusion of tissue from vagina)
- o Other Gynecologic Concerns: Fibroids/ Abnormal Bleeding/ Contraception
- Cosmetic / sexual (surgical issues)
 - Please ask your patient to bring a list of her medications and allergies.

Comments:			