
Date:

Patient Name:

Patient Date of Birth:

AHC#:

Reason for Referral to Pelvic Health Physiotherapy for Pessary Fitting (please check all that apply):

- Pelvic Organ Prolapse Stress Urinary Incontinence Conservative management until surgical consult

To help ensure this patient is suitable for a pessary, please examine & clear any medical contraindications after performing an internal vaginal exam (please check off to indicate your findings):

- No contraindication for pessary fitting and use**
- Contraindication found – patient is NOT suitable for pessary at this time:
- Undiagnosed vaginal bleeding
 - Severe vaginal atrophy
 - Active vaginitis/UTI/other vulvar infection
 - Active pelvic inflammatory disease
 - Ulceration or open wounds of the cervix or vagina
 - Cancer of the vulva, vagina, uterus, or bladder
 - Prior gynecological surgery utilizing mesh
 - Uncontrolled diabetes
 - Known silicone allergy

Application of vaginal estrogen is recommended in those who are postmenopausal/postpartum to help improve pessary tolerance and reduce risk of irritation/erosion of vaginal tissues (ex. Premarin 0.5g twice per week).

Please assess and prescribe concurrent vaginal estrogen creams or suppositories as you see fit.

Referring Physician: _____

Physician Signature: _____

Receipt of this signed letter is required prior to a pessary being provided to your patient. **Please sign and fax to RX Physiotherapy at (780)900-0396**, or if you have any comments, questions, or concerns, please contact me.

Teresa Waser, MScPT, Pelvic Health Physiotherapist

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