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Date:

Patient Name:

Patient Date of Birth:

AHC#:

Patient phone number:

**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 us.

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**RX Physiotherapy**

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