Women's Medicine Collaborative
A program of The Miriam Hospital
Lifespan. Delivering health with care.

Center for Women's Gastrointestinal Medicine
146 West River St. Providence, RI 02904
Phone: 793-7080 Fax: 793-7801

Program for Pelvic Floor Disorders ~ REFERRAL FORM

PATIENT _____ DOB _____ /_____ / _____

ADDRESS _____

HOME _____ CELL _____ WORK _____
May we leave a message stating the call is from "Women's Medicine Collaborative", "GI Medicine" or "Dr. ____'s office"? ☐ Yes ☐ No

PRIMARY INSURANCE _____ ID# _____

SECONDARY INSURANCE _____ ID# _____

REFERRING PROVIDER _____ PHONE _____ FAX _____

Patient is: ☐ NON-PREGNANT ☐ PREGNANT ☐ POSTPARTUM ☐ POST-OP _____ weeks

Translator needed? ☐ No ☐ Yes - Language Spoken: _____

REASON FOR REFERRAL:

☐ Fecal incontinence

☐ Urinary incontinence

☐ Chronic constipation

☐ Recurrent UTIs

☐ Interstitial cystitis/
Painful bladder syndrome

☐ Bladder dysfunction secondary to
Nerve damage or neurologic injury

☐ Irritable bowel syndrome

☐ Hemorrhoids

☐ Pelvic organ prolapse

☐ Postpartum pelvic floor issues

☐ Rectal prolapse and fistulas

☐ Anal fissures

☐ Cystocele/Rectocele

☐ Uterine prolapse

☐ Pelvic pain

☐ Endometriosis

☐ Dysmenorrhea

☐ Chronic ovarian cysts

☐ Fibromyalgia

☐ Postpartum

☐ Post-op _____ weeks

☐ Pelvic congestion syndrome

☐ Sexual dysfunction/Pain

☐ Pelvic floor myalgias/spasms

☐ Vulvodynia

☐ Vaginismus

☐ Unknown/Other:

_____

DETAILS /CHIEF COMPLAINT

_____

_____

Fax with any pertinent records, OR reports & lab/test results to: 401-793-7801.
Our office will contact the patient to schedule an appointment.

Thank you.