Dr. David Wilkie
Vancouver Urogynecology & Pelvic Reconstructive Surgery

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PHYSICIAN'S REFERRAL
Patient Information

Name Date of birth (mm/dd/yy) _____

Surname _____ First name_____

Phone: (Home) _____ (Work)_____

(Cell)_____

Personal Health Number_____

Address _____

City _____ Province _____

Postal Code_____

Family Doctor_____ MSP No_____
(surname, initials)

Referring Dr. _____ MSP No_____
(surname, initials)

Office Phone: _____Office Fax: _____ email:_____

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)
- Urge Incontinence (leakage of larger amounts associated with urgency/frequency/nocturia)
- Prolapse (protrusion of tissue from vagina)
- Other Gynecologic Concerns (Abnormal Bleeding/ Contraception)
- Cosmetic / sexual (surgical issues)

Please ask your patient to bring a list of her medications and allergies.

Comments: _____