Dartmouth Health

Dartmouth Hitchcock Medical Center

Phone: (603) 653-9312
Fax: (603) 676-4080
Medically Urgent Fax: (603) 640-1909

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____ PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Cell Phone _____ Home Phone _____ Work Phone _____

Mailing Address: _____

Will a supplied interpreter be needed for this appointment? ❑ No ❑ Yes Language: _____

Health Insurance: _____ Subscribers Name: _____

Policy #: _____ Group# _____ Subscribers DOB _____

Referral for Urogynecology | Reconstructive Pelvic Surgery

Is this Worker's Comp related? ❑ No ❑ Yes

Symptoms:

How long has patient been symptomatic? _____

Past pelvic/incontinence surgery? _____

Diagnosis (please check all that apply and circle all known conditions):

❑ Pelvic organ prolapse (uterine prolapse, vaginal prolapse, cystocele, rectocele, enterocele, unknown)
❑ Urinary incontinence (stress incontinence, overactive bladder, mixed, frequency or urgency, overflow incontinent, functional incontinence, unknown)
❑ Difficulty with defecation
❑ Voiding dysfunction (urinary retention, difficulty voiding, unknown)
❑ Anal incontinence (neurogenic, sphincter damage, unknown)
❑ Genital fistula (vesicovaginal fistula, rectovaginal fistula, unknown)

Reason for request (please check one):

❑ Consultation regarding condition(s) above and management options.

❑ Evaluation of condition and treatment only for specific recommendations (i.e., for urodynamic testing only; or for pessary fitting only with ongoing at referring office; or only if certain surgeries are recommended – please specify what you want us to treat versus what you would treat): _____

_____

❑ Referral to evaluate and treat condition(s) above. ❑ Second opinion

Before submitting this referral form, please check the following information which is included so that we may process your referral in a timely fashion.

❑ Pertinent records from prior surgeries
❑ Op notes
❑ Prior evaluations and/or testing (i.e., urinalysis, urine cultures, urodynamic testing, etc.)
❑ Insurance referral (if required)
❑ Medical history