Queensland Government

Metro South Health

COLORECTAL PELVIC FLOOR SERVICE REFERRAL FORM

Facility: QEII JUBILEE HOSPITAL

(Affix patient identification label here)

URN:

Family Name: AFFIX QEII LABEL ONLY

Given Names:

Date of Birth: Sex: ☐M ☐F ☐I

Scan and email to: QEII-CNCCOLORECTAL@health.qld.gov.au

Fax to: 07 3182 4703

Post to: Colorectal Pelvic Floor Service
Dr. Chris Gillespie / Dr. Tim Slack
QEII Hospital
Endoscopy Department
Locked bag 2
Archerfield
Qld, 4108

Colorectal Nurse Contacts: 3182 4618 or 3182 6677

Referral for: ☐ Private patient ☐ Public patient

Assessment Only* ☐

*No treatment will be offered without discussion with referrer

Patient will undergo comprehensive anorectal physiology:

- 3D Hi-resolution anorectal manometry
- 3D Endoanal ultrasound
- Pudendal nerve assessment
- Anal sphincter electromyography

Assessment and Treatment* ☐

*Patient will be treated at the specialist's discretion OR

Consideration for specific treatment:

- Pelvic floor physiotherapy / biofeedback ☐
- Sacral Nerve Stimulation ☐
- Other Peristeen Transanal Irrigation ☐ (Please specify)

Patient Details (Please PRINT)

Name: .....

Date of birth: ... / ... / ... Sex: M☐ F☐ I☐

Contact number/s: .....

Address: .....

Suburb: ..... Postcode: .....

Referrer's Details (Please state name of Consultant)

Dr: .....

Date: ... / ... / ... Provider No: .....

Phone: ..... Fax: .....

Email: .....

Address: .....

Suburb: ..... Postcode: .....

Clinical Information

Constipation:

☐ Infrequent defaecation (<3x per week)

☐ Difficult defaecation:

- Excessive straining
- Sensation of incomplete emptying
- Sensation of anorectal obstruction
- Digitation

Prolapse:

☐ Sensation / evidence of rectal prolapse

Fistula-in-ano:

☐ Confirmed ☐ Suspected

Faecal Incontinence:

☐ Urge faecal incontinence
- leakage associated with strong urge to defaecate

☐ Passive/Post defaecation incontinence/soiling
- leakage without awareness or urge sensation

☐ Mixed faecal incontinence
- combination of the above

Post-partum/Obstetric Injury

☐ Para: ..... Details: .....

Rectal/Pelvic Pain (not anal pain)

☐ Acute (<2 months) ☐ Chronic

Imaging:

☐ Defaecating proctogram	Date: ... / ... / ...	☐ QXR	☐ PACS	☐ Other .....
☐ MRI	Date: ... / ... / ...	☐ QXR	☐ PACS	☐ Other .....
☐ CT Scan	Date: ... / ... / ...	☐ QXR	☐ PACS	☐ Other .....

Other Clinical Information:

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DO NOT WRITE IN THIS BINDING MARGIN

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