Women’s & Men’s Health Physiotherapy Referral Guide

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| **Service** | **Acute outpatients** | | **Continence Service** | **Maternity Services** | **Community Health** | |
| **Eligibility Criteria** | Continence, pelvic floor or musculoskeletal conditions (appropriate conditions described below) during pregnancy and up to 3 months post natal or  New onset of continence or pelvic floor concerns within 3 months of acute surgical admission ie. Gynaecological surgery. | | Chronic continence concerns. Typically complex requiring muti-disciplinary care.  **Does not accept referrals during pregnancy or up to 3 months post natal.** | Women in the childbearing year with musculoskeletal complaints related to the pregnancy or early post-natal period  Referrals for the:   * Mother & Baby Exercise Program * Mums In Training Group | Women in the childbearing year with musculoskeletal complaints related to the pregnancy or early post-natal period  Referrals for the:   * Mother & Baby Exercise Program * Mums In Training Group | Referrals for the Mother & Baby Exercise Program only |
| **Conditions guide** | * Continence/ pelvic floor concerns during pregnancy and up to 3 months post natal * Pelvic Girdle Pain * Diastasis rectus abdominus muscle   (DRAM) | | * Stress, urge or mixed urinary incontinence * Nocturia, nocturnal enuresis * Voiding dysfunction * Constipation, or other bowel emptying dysfunction * Faecal urgency or incontinence * Pelvic organ prolapse * Post prostatectomy incontinence * Pelvic pain | * Pelvic Girdle Pain * DRAM * Lower back pain * Wrist pain (Carpal tunnel syndrome, Dequervains) * Neck pain & headaches * Mid back and rib pain * Exercise Advice/Prescription | * Lower back pain * Wrist pain (Carpal tunnel syndrome, Dequervains) * Neck pain & headaches * Mid back and rib pain * Exercise Advice/Prescription | Mother & Baby Exercise Program only |
| **Locations** | Angliss Hospital | Box Hill Hospital | Peter James Centre  Yarra Ranges Health | Yarra Ranges Health | Angliss Hospital | Healesville Yarra Junction |
| **Contact details** | Ph: 9764 6150  Fax: 9764 6149 | Ph: 9895 3463  Fax: 9895 4816 | Community Access Unit:  Ph: 9881 1100  Fax: 9881 1102 | Ph: 8706 9601  Fax: 9091 8899 | Ph: 1300 130 381 or 9871 3599  Fax: 5962 1458 | |
| **Referral requirements** | Referrals can be emailed to [BHAlliedHealth@easternhealth.org.au](mailto:BHAlliedHealth@easternhealth.org.au) using the below form.    **Incomplete referrals will not be accepted** | | Referrals faxed to Access Unit (above) using this form.  [Ambulatory care referral form](http://ehweb02/eh%20intranet/Ambulatory_CommunityServices/ACS_Docs/Accs%20Ref%20Int%200819.%20v4.pdf)  [Ambulatory Care referral form instructions](http://ehweb02/eh%20intranet/Ambulatory_CommunityServices/ACS_Docs/Accs%20Ref%20Instructions%200819.%20v4.pdf)  **GP referral is required and incomplete referrals will not be accepted** | Referrals faxed to YRH “att maternity physio”, or emailed to  [MaternityServicesPhysioYRH@easternhealth.org.au](mailto:MaternityServicesPhysioYRH@easternhealth.org.au) | Referrals can be emailed to [Angliss.CommHealth@easternhealth.org.au](mailto:Angliss.CommHealth@easternhealth.org.au) | |

**PLEASE NOTE:** If you are a patient wishing to self refer, please contact the appropriate clinic via the details listed above to discuss.