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 orNew 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 periodReferrals 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 periodReferrals for the:* Mother & Baby Exercise Program
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 | 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 CentreYarra Ranges Health | Yarra Ranges Health | Angliss Hospital | Healesville Yarra Junction |
| **Contact details** | Ph: 9764 6150Fax: 9764 6149 | Ph: 9895 3463Fax: 9895 4816 | Community Access Unit:Ph: 9881 1100Fax: 9881 1102 | Ph: 8706 9601Fax: 9091 8899 | Ph: 1300 130 381 or 9871 3599Fax: 5962 1458 |
| **Referral requirements** | Referrals can be emailed to 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 toMaternityServicesPhysioYRH@easternhealth.org.au | Referrals can be emailed to 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.