



Monty Pelvic Physio

Clinical Referral Form

PRACTICE DETAILS

- **Clinician:** Min Khoo (APAM) – Master of Physiotherapy Studies (UQ), Post-graduate Pelvic Health (UniSA / UniMelb)
- **Address:** 35 Were St, Montmorency VIC 3094
- **Phone:** 0411 570 626 | **Fax:** [Insert Fax]
- **Email:** info@montypelvicphysio.com.au | **Web:** montypelvicphysio.com.au

1. REFERRING PRACTITIONER DETAILS

Doctor Name:	Provider Number:
Clinic Name:	Phone/Fax:
Provider Number:	

2. PATIENT DETAILS

Full Name:	Date of Birth:
Phone Number:	Medicare Number:

3. CLINICAL INDICATIONS (Please Tick)

Chronic Pelvic Pain (Endometriosis, Adenomyosis, Vulvodynia, Vaginismus, Dyspareunia)

Pregnancy Support (Pelvic Girdle Pain, DRAM, Birth Preparation)

Postpartum Recovery (6-week check, DRAM, Return-to-Sport Screening)

Pelvic Organ Prolapse (Conservative management & Pessary Fitting/Review)

Men's Pelvic Health (Post-prostatectomy, Urinary Incontinence, Chronic Pelvic Pain)

Children's Continence (Enuresis, Daytime Wetting, Constipation/Soiling)

Acute Lactational Mastitis (Urgent Triage Required)



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Clinical Notes / Relevant Surgical History:

4. FUNDING & ADMINISTRATIVE

Chronic Disease Management (CDM/EPC) Plan Attached (Item 10960)

*Please ensure the referral is addressed to **Min Khoo** to facilitate the Medicare rebate.*

Private Patient (No referral required, but clinical notes appreciated)

WorkCover / TAC (Claim Number: _____)

5. PRACTITIONER AUTHORISATION

Signature: _____ Date: ____ / ____ / ____