

**Referring Provider:** \_\_\_\_\_ **Practice Name:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Primary Care Provider:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **MRN #:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Will an interpreter be needed for this appointment?** ☐ No ☐ Yes **Language:** \_\_\_\_\_

**Health Insurance:** \_\_\_\_\_ **Policy Holder Name:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_ **Policy Holder DOB:** \_\_\_\_\_

**Workers Comp Related:** ☐ No ☐ Yes

## **Referral for Urogynecology | Pelvic Medicine and Reconstructive Surgery**

### **Symptoms:**

**Symptom Duration:** \_\_\_\_\_

**Past Pelvic/Incontinence Surgery? (Type and dates):**

### **Diagnosis:** (Check all that apply and circle known conditions)

☐ Pelvic organ prolapse (uterine prolapse, vaginal prolapse, cystocele, rectocele, enterocele, unknown)

☐ Urinary incontinence (stress incontinence, overactive bladder, mixed, frequency or urgency, overflow incontinence, functional incontinence, unknown)

☐ Recurrent UTI (pelvic organ prolapse, history of pelvic surgery)

☐ Voiding dysfunction (urinary retention, difficulty voiding, unknown)

☐ Fecal incontinence (neurogenic, sphincter damage, fecal smearing, fecal urgency, unknown)

☐ Genital fistula (vesicovaginal fistula, rectovaginal fistula, unknown)

☐ Other (please specify): \_\_\_\_\_

### **Reason for request:**

☐ Second Opinion

☐ Surgical consultation for above listed condition.

☐ Evaluation of and treatment only for specific recommendations (i.e. urodynamic testing only; or for pessary fitting only with ongoing management at referring office; or only if certain surgeries are recommended – *please specify what you want us to treat versus what you can/would treat in your practice*): \_\_\_\_\_

☐ Non-surgical evaluation and treatment of above condition.

**Before Submitting** – to ensure that we can process this referral in a timely fashion, please review this document in entirety and confirm all requirements have been met and all pertinent and required information is attached prior to sending referral.

**\*\*THIS PAGE SHOULD BE SUBMITTED WITH EVERY REFERRAL\*\***

All referrals are triaged by the pelvic medicine team according to clinical guidelines. Both the referring provider and the patient will be notified when an appointment has been scheduled. **\*\*Urgent referrals will be reviewed for urgency and scheduled accordingly.**

### **Referral diagnoses and/or symptoms**

Below is a list of conditions treated by our pelvic medicine specialists.

#### **Urgent**

- Advanced vaginal prolapse causing urethral obstruction or urinary retention

#### **Routine**

- Pelvic organ prolapse – cystocele, rectocele, enterocele, vaginal vault prolapses, uterine prolapse (only IF secondary pelvic organ prolapses also present)
- Urinary incontinence
- Overactive bladder; urinary frequency/nocturia; urinary urgency
- Recurrent UTI's (with diagnosis of pelvic organ prolapse and/or history of abdominal/pelvic surgery)
- Urinary retention (with an associated urogynecology problem, not isolated, not neurological)
- Fecal incontinence (with an associated urogynecology problem, not isolated)
- Vesicovaginal fistula
- Rectovaginal fistula
- Urethral caruncle (only if symptomatic)
- Interstitial cystitis/painful bladder
- Dysuria/urethral pain
- Pelvic Floor Dysfunction
- Vaginal mesh erosion or mesh complications
- Acute/Chronic vaginitis (Vulvovaginitis Clinic)
- Vaginal atrophy (Vulvovaginitis Clinic)
- Vulvodynia (Vulvovaginitis Clinic)
- Lichen sclerosis (Vulvovaginitis Clinic)
- Lichen planus (Vulvovaginitis Clinic)

#### **Indications we do not see patients for**

- Hematuria (3-10 RBC on Micro) Refer to urology
- Recurrent UTI Refer to urology  
(Without associated urogynecology problem)
- Kidney stones Refer to urology
- Neurogenic bladder Refer to urology
- Chronic kidney disease Refer to nephrology
- Rectal prolapse Refer to colorectal
- Asymptomatic prolapse Refer to GYN
- Hysterectomy Refer to GYN
- Pessary maintenance Refer to GYN
- Chronic pelvic pain/dyspareunia Refer to GYN
- Gender dysphoria/incongruence Refer to urology (Dr. Kowalik)
- Urethral Diverticulum Refer to Pelvic Medicine at Dartmouth Hitchcock

**Pelvic Medicine and  
Reconstructive Surgery  
Required Documents**

Phone: (802) 847-5800

Fax: (802) 847-4151

Diagnosis/Symptoms	Work-up and management history records to provide with referral	Additional Information
Pelvic organ prolapse	<ul style="list-style-type: none"> <li>Documented pelvic exam <b>confirming</b> prolapse.</li> <li>Prior pelvic and/or abdominal surgery operative reports <b>if applicable</b>.</li> <li>Notes documenting tried and failed treatment methods, current symptoms, and symptom duration.</li> </ul>	<ul style="list-style-type: none"> <li>Not urgent unless acute urinary retention.</li> <li>If asymptomatic, refer to general GYN.</li> </ul>
Urinary incontinence  Overactive bladder (OAB), urinary frequency/nocturia, urinary urgency.	<ul style="list-style-type: none"> <li>Prior pelvic and abdominal surgery operative reports <b>if applicable</b>.</li> <li>Notes documenting <b>completion</b> of 6 weeks of Pelvic Floor Physical Therapy, and proof of <b>at least two</b> tried/failed bladder medications for <b>at least 3 months</b> each.</li> <li>Office visit notes explaining current symptoms and symptom duration.</li> <li>Urine test results confirmed no acute UTI as the cause of symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>If known or suspected neurogenic component referral should go to general Urology.</li> </ul>
Recurrent urinary tract infection (UTI)	<ul style="list-style-type: none"> <li>Prior pelvic and abdominal surgery operative reports <b>if applicable</b>.</li> <li>Notes and test results showing &gt;2 positive urine <b>cultures</b> in 6 months OR &gt;3 positive urine <b>cultures</b> in 12 months.</li> <li>If the patient is &gt;50 years old, notes confirming that the patient has used vaginal Estrace cream for <b>6 months</b>.</li> </ul>	<ul style="list-style-type: none"> <li>For urinary symptoms without positive urine cultures, please see correlated symptom in this table for further referral requirements.</li> <li>If prolapse is not suspected and/or no previous pelvic surgery, referral should go to General Urology PA.</li> </ul>
Urinary retention	<ul style="list-style-type: none"> <li>Prior pelvic and abdominal surgery operative reports <b>if applicable</b>.</li> <li>Notes documenting onset and duration of symptoms.</li> <li>Notes indicating presence of secondary urogynecology concern and/or prior pelvic surgical history.</li> <li><b>Objective</b> retention confirmed on bladder ultrasound via radiology for post void residual.</li> </ul>	<ul style="list-style-type: none"> <li>Post void residual amounts (please specify catheter or bladder scan result).</li> <li>If not associated with another urogynecology problem, referral should go to general urology.</li> </ul>
Fecal incontinence	<ul style="list-style-type: none"> <li>Prior pelvic and abdominal surgery operative reports <b>if applicable</b>.</li> <li>Prior testing or imaging reports if applicable.</li> <li>Office visit notes documenting onset and duration of symptoms.</li> <li>Notes documenting <b>completion</b> of at least <b>8 weeks</b> of Pelvic Floor Physical Therapy. (We recommend the Fanny Allen Medical Office Building therapists).</li> <li>Notes documenting use of fiber supplement for <b>at least 8 weeks</b>.</li> </ul>	<ul style="list-style-type: none"> <li>If known neurogenic component, please specify in referral notes.</li> <li>Recommended fiber supplement is 2 tablespoons in an 8 oz. glass of water daily. Okay to start with 1 tablespoon of fiber for the first 3-5 days.</li> <li>Patients should drink 8-10 (8 oz) glasses of water daily.</li> <li>Increase dietary fiber (bran cereals, whole grain breads, fruits, and vegetables).</li> <li>Patients should start a bowel diary which includes dietary habits/triggers, frequency and consistency of bowel movements, and frequency of bowel incontinence episodes.</li> </ul>
Vesicovaginal fistula	<ul style="list-style-type: none"> <li>Prior pelvic and abdominal surgery operative reports <b>if applicable</b>.</li> </ul>	

Rectovaginal fistula	<ul style="list-style-type: none"> <li>Office visit notes explaining current symptoms and symptom duration.</li> <li>Prior testing or imaging reports <b>confirming</b> diagnosis.</li> </ul>	
Urethral caruncle	<ul style="list-style-type: none"> <li>Office visit notes confirming diagnosis and symptoms (bleeding/pain) with duration of symptoms.</li> <li>Office visit notes documenting <b>6 months</b> of vaginal Estrace cream.</li> </ul>	<ul style="list-style-type: none"> <li>If the patient is asymptomatic treatment and referral is not needed.</li> </ul>
Interstitial cystitis (IC), painful bladder  Dysuria/urethral pain	<ul style="list-style-type: none"> <li>Prior pelvic and abdominal surgery operative reports <b>if applicable</b>.</li> <li>Office visit notes explaining current symptoms and symptom duration.</li> <li>Notes documenting tried treatment methods and prior testing, imaging if applicable.</li> <li>Office visit notes where diagnosis was made (specific for IC).</li> </ul>	
Pelvic floor dysfunction	<ul style="list-style-type: none"> <li>Patient must have tried and failed <b>at least 3 months</b> of pelvic floor physical therapy.</li> </ul>	
Vaginal mesh erosion (bladder or urethral) or mesh complication	<ul style="list-style-type: none"> <li>Prior pelvic and/or abdominal surgery operative reports.</li> <li>Office visit notes explaining current symptoms and symptom duration.</li> <li>Imaging reports <b>if applicable</b>.</li> </ul>	
Acute/chronic vaginitis  Vaginal atrophy  Vulvodynia  Lichen sclerosis  Lichen planus	<ul style="list-style-type: none"> <li>Documented pelvic exam <b>confirming</b> diagnosis.</li> <li>Prior pelvic and/or abdominal surgery operative reports <b>if applicable</b>.</li> <li>Notes documenting tried and failed treatment methods, current symptoms, and symptom duration.</li> <li>Test results <b>confirming</b> recurrence of yeast and/or BV.</li> <li>Biopsy results <b>if applicable</b>.</li> </ul>	

These Pelvic Medicine and Reconstructive Surgery referral guidelines were developed by our team as a tool to assist referring providers. If there is a diagnosis not listed in this document that you believe would be best treated by our team of professionals, please place the referral and our team can further assess. You may also place a referral for an e-consult to discuss your patient's needs with one of our surgeons.