PESSARY CARE REFERRAL FORM

Patient Information:

Name: _____

Phone: _____

Diagnosis: _____

Relevant Medical History:: _____

Reason for Referral:

☐ Pessary Fitting / Pessary Care

☐ Other: _____

Referring Provider:

Name: _____

Phone: _____

Fax: _____

I confirm that this patient has consented to be referred to Fraser Physiotherapy and understands that Fraser Physiotherapy may communicate with this office regarding appointment booking status to support continuity of care.

Signature: _____ **Date:** _____

We accept referrals for patients who:

- have a **family physician** who can perform **yearly vaginal health scans** to ensure the tissues are responding well to pessary use
- are willing to **self-pay** for the service *(our clinic is not an AHS funded site)*
- are willing to **self-manage** their pessary care appointments

Vaginal Estrogens:

Please examine the patient to determine if vaginal estrogen is indicated prior to the physiotherapy pessary care appointment and prescribe as you see fit.

Contraindications:

Please examine and clear the following medical contraindications to pessary use prior to referral:

- Undiagnosed bleeding
- Severe vaginal atrophy
- Active vulvar, vaginal, or urinary tract infection
- Ulceration or lacerations of the cervix, vagina
- Uncontrolled diabetes
- Cancer of the vulva, uterus or bladder
- Active pelvic inflammatory disease
- Ano-perineal lesions associated with Crohn's disease
- Known silicone allergy
- Gynecological surgery with mesh

PLEASE FAX THIS REFERRAL FORM TO: *(780)-600-4951*

Fraser Physiotherapy
3820 137 Ave NW Edmonton AB T5Y 3E7
Tel: 780-600-4950 Fax: 780-600-4951
Email: info@fraserphysiotherapy.com

ADDITIONAL INFORMATION

Funding:

Pessary care appointments at our clinic are NOT covered by Alberta Health Care.

If patients have extended health care benefits that cover "physiotherapy services", we can direct bill for the initial assessment, pessary fitting and follow-up appointment costs. **Patients will have to pay out of pocket for the pessary itself.**

Appointments & Associated Costs: *(effective SEPTEMBER 2025)*

- **Pelvic Physiotherapy Initial Assessment ($150)**
  Involves a medical history, education regarding pessary use and a pelvic exam to determine if the patient is an appropriate candidate for a pessary
- **Pelvic Physiotherapy Pessary Fitting Appointment ($220)**
  Pessary Fitting Trial - If we cannot find an appropriate fit within the one hour appointment an additional follow up appointment may be needed
- **Purchase of a Pessary ($90)**
- **Pelvic Physiotherapy Pessary Care Follow-Ups ($110)**
  1-2 *weeks after starting pessary use*
  If the patient is unable to self-manage cleaning their pessary they will require physiotherapy follow-ups every 3-6 months
- **Physician Follow-Ups**
  At minimum, yearly appointments with a Family Physician are required for vaginal health scans

Fraser Physiotherapy
3820 137 Ave NW Edmonton AB T5Y 3E7
Tel: 780-600-4950 Fax: 780-600-4951
Email: info@fraserphysiotherapy.com