Texas Children's Hospital | Pavilion for Women

REQUEST FOR PELVIC HEALTH AND WELLNESS SERVICES

Baylor College of Medicine — DEPARTMENT OF OBSTETRICS & GYNECOLOGY

Today's Date: _____

SECTIONS 1 – 4 MUST BE COMPLETED FOR THIS REFERRAL FORM TO BE PROCESSED.

1. LOCATION:

☐ **Texas Medical Center**
Texas Children's Pavilion for Women, Ste 320
P: 832-826-7500, F: 832-825-3638

2. REQUESTED SERVICE(S) – Choose ALL that apply

REQUEST FOR SERVICES

☐ Consultation
- O Minimally invasive surgery
- O Urogynecology
- O Vulvovaginal Health
- O Perineal Care

☐ Complete Transfer of Gynecologic Care

☐ Other _____

ALL RECORDS / LABS MUST BE SENT BEFORE

ADDITIONAL INFORMATION:

3. INDICATION/DIAGNOSIS: Due to CMS Program Memorandum AB-01-144 Change Request 1724, dated September 26, 2001, effective January 1, 2002 REFERRING DIAGNOSIS IS REQUIRED for diagnostic testing. Suspected or rule-out statements are not applicable. If no confirmed diagnosis, please list

☐ Pelvic organ prolapse	☐ Vulvar or vaginal lesion	☐ Pain with intercourse
☐ Overactive bladder	☐ Other dermatologic disorder of the vulva	☐ Endometriosis
☐ Urinary incontinence	☐ Vaginismus	☐ Chronic pelvic pain
☐ Interstitial cystitis	☐ Vulvodynia	☐ Fibroids
☐ Recurrent urinary tract infections	☐ Vestibulodynia	☐ Other _____
☐ History of mesh/sling	☐ Recurrent or persistent vaginitis	

4. PATIENT AND REFERRING INFORMATION: ALL FIELDS ARE REQUIRED. INCOMPLETE FORMS WILL DELAY SCHEDULING.

Patient Name:		DOB:		
Address:		City:	ST:	Zip:
Home#:	Cell #:	Work#:		
Referring Provider:		Interpreter needed? ☐ Yes ☐ No Language?		
Address:		City:	ST:	Zip:
Phone#:	Fax#	Nurse Contact:		

INSURANCE: MUST INCLUDE COPY OF INSURANCE CARD

Primary Insured: ☐ Self ☐ Other _____ DOB: _____

Name of Insurance:_____

Group #: _____ ID#: _____

REQUIRED DOCUMENTATION: INCLUDE COPIES OF THE BELOW FOR ALL REFERRALS.
ALL RECORDS/LABS MUST BE SENT BEFORE SCHEDULING CONSULT OR TRANSFER OF CARE

☐ ID and Insurance card

☐ ALL gynecologic procedure reports (pelvic sonograms, urodynamic studies, operative reports, recent blood work)

☐ ALL vulvar, vaginal or pelvic biopsy reports