

VPRS Community Pelvic Health Program Initial Assessment Funding Request

This is a request for funding for an Initial Physiotherapy Assessment only. This form must be completed by a Registered Health Care Professional in British Columbia (MD, RN, RM, PT, OT). Funding approval for the assessment does not guarantee funding for a treatment plan. The assigned and treating Physical Therapist must complete a "Community Pelvic Health Treatment Plan Funding Request" upon completion of the initial assessment.

Please email completed form to lauren@physicalrehabociety.ca or fax to 778-910-4605



1. Referring Professional *

2. Referring Professional Designation *

- ☐ MD
- ☐ RN
- ☐ RM
- ☐ PT
- ☐ OT

3. Referring Professional Workplace *

4. Referring Professional Email *

5. Referring Professional Phone & Fax Number *

6. Applicant's Legal & Preferred Names *

7. Applicant's Email *

8. Applicant's Phone Number *

9. Applicant's Address *

10. Applicant's Sex *

11. Applicant's Gender *

12. Applicant's PHN *

13. Applicant's Date of Birth *

Example: January 7, 2019

14. Power of Attorney or Substitute Decision Maker Name & Contact Info (if applicable)

15. Reason for Funding Request *

Check all that apply.

- ☐ Low Income
- ☐ Disability
- ☐ Financial Hardship/Extraneous Circumstances

16. Reason for Referral (must have at least 1 to qualify lasting 3 months or longer) *

Check all that apply.

- ☐ Incontinence (urinary and/or fecal)
- ☐ Pelvic Organ Prolapse
- ☐ Vaginismus/vulvodynia/vestibulodynia/dyspareunia
- ☐ Pelvic Pain and/or Endometriosis
- ☐ Painful Bladder Syndrome/Intersitital Cystitis
- ☐ Post-op uro and/or gynecological surgery

17. In-Home/Community Physio Required? (Difficulty leaving the home) *

- ☐ Yes
- ☐ No, in-clinic physio is suitable
- ☐ Maybe

18. *Declaration & Disclaimer:*

I confirm that the information provided is accurate and complete to the best of my knowledge.

I confirm that our clinic has obtained informed consent from the client for the collection, use, and disclosure of their personal health information to VPRS for the purposes of assessing this funding request, in accordance with applicable privacy legislation (HIPAA, PIPA, PIPEDA)

☐ Yes

19. Signature & Date

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