



Date:  
Patient Name:  
Patient Phone Number:

Physician Name:  
Physician Phone Number:  
Physician Fax Number:

This patient is interested in booking a pessary fitting appointment to help manage their pelvic organ prolapse/urinary symptoms. As diagnosis/treatment of such fall beyond the scope of physiotherapy in Ontario, it is recommended that a patient be cleared of certain pelvic health concerns/contraindications by an MD/MP/ND/PA prior to ongoing pessary use. Please indicate if this patient has any contraindication(s) to pessary use upon internal vaginal exam.

Contraindication(s):

- |   |   |
|---|---|
| <input type="checkbox"/> <b>No contraindications - safe for pessary use</b> | <input type="checkbox"/> Pregnant   |
| <input type="checkbox"/> Undiagnosed bleeding                               | <input type="checkbox"/> Pelvic rest order (abstain from intercourse for medical reasons) |
| <input type="checkbox"/> Severe vaginal atrophy                             | <input type="checkbox"/> Ano-perineal lesions associated with Crohn's Disease             |
| <input type="checkbox"/> Active vulvar, vaginal, or urinary tract infection | <input type="checkbox"/> Endometriosis  |
| <input type="checkbox"/> Ulceration of the cervix, vagina or lacerations    | <input type="checkbox"/> Silicone allergy   |
| <input type="checkbox"/> Uncontrolled diabetes                              | <input type="checkbox"/> Gynaecological surgery with mesh                                 |
| <input type="checkbox"/> Cancer of the vagina, vulva, uterus or bladder     | <input type="checkbox"/> Patient is known no to follow recommendations                    |
| <input type="checkbox"/> Active inflammatory disease of the pelvic floor    | and/or adhere to appointment schedule   |

YES, I consent to Meaghan Cosgrove (PT), fitting this patient with a pessary for treatment of symptoms of:

Pelvic organ prolapse  
 Stress urinary incontinence

---

Physician signature

NO, I do not consent to Meaghan Cosgrove (PT), fitting this patient with a pessary for the following reason:

  
  


---

Physician signature

**Follow-up recommendations for all clients:**  
 Patients are booked for a follow-up appointment within 1-4 weeks of the fitting to monitor fit and tissue integrity. All patients are informed that if she or her fitting physiotherapist note any medical concerns or signs of irritation/infection, she will be referred to her MD/NP/PA. All concerns with pessary fit can be directed to Huron Pelvic Health.  
**Once annually she is to present to her MD/NP/PA/GYN for assessment of tissue integrity.**

**If patient is managing independently:**  
 If she is removing/cleaning/re-inserting herself, she is recommended to see to either MD/NP/PA/GYN or fitting physiotherapist at 3-6 months, then every 6-12 months depending on pessary type.

**If patient is not managing independently:**  
 She is to present to MD/NP/PA/GYN/fitting PT once every 3 months for pessary removal, cleaning, internal exam, and re-insertion.

**Please check one of the following routine maintenance options:**

I will provide these follow-up appointments  
 I want you, Meaghan Cosgrove (PT) to provide these follow-up appointments  
 I will refer this patient to a gynecologist/other health care professional for these follow-up appointments

**Please kindly fax a copy of this letter (completed and signed), along with prescription for pessary, if patient is using insurance to cover the cost of the pessary.**

Thank you for your collaboration in the care of this patient.

Sincerely,

Meaghan Cosgrove, MSc. PT | Pelvic Health

**Huron Pelvic Health**  
 15 Rattenbury St. E., Clinton ON N0M 1L0

Phone: 519-878-8273  
 Fax: 519-937-1648  
 www.huronpelvichealth.ca  
 info@huronpelvichealth.ca