Urogynecology
UNIVERSITY OF COLORADO

CONSULTATION REQUEST
Phone: 720-848-2200 Fax: 720-848-2609

Request Appt. w/:

___ Kathleen Connell, M.D. ___ Karlotta Davis, M.D. ___ Tyler Muffly, M.D.

Or 1st Available Appointment _____ **Appointment Date**: _____

Patient Name: _____ **DOB:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Insurance: _____

***Does the patient have any physical restrictions or special needs?** _____

***Is the patient able to transfer from the wheelchair to the exam table without assistance Y ____ N ____**

With limited assistance Y ____ N ____ or with full assistance Y ____ N ____

Nature of clinical problem:

- ☐ **Urinary Incontinence**
- ☐ **Urgency**
- ☐ **Frequency**
- ☐ **Recurrent Urinary Tract Infections**
- ☐ **Nocturia**
- ☐ **Urinary Retention**
- ☐ **Cystocele**
- ☐ **Rectocele**
- ☐ **Dysuria**
- ☐ **Prolapse** _____
- ☐ **Interstitial Cystitis**
- ☐ **Pelvic Pain**
- ☐ **Fistula**
- ☐ **Hematuria**
- ☐ **Fecal Incontinence**

Other: _____

Reason for Referral:

- ☐ **Consultation**
- ☐ **Urodynamics**
- ☐ **Cystoscopy**

Referring MD: _____

PCP: _____

****Please fax all pertinent patient notes (office visits, lab results, procedure reports, etc) to 720-848-2609**

Today's Date: _____ Letter Sent:_____