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Patient: Patient contact number: D.O.B.:

MRN:

Contraindications to pessary fittings in our clinic

| Undiagnosed vaginal bleeding | Severe, untreated vaginal atrophy |
|---|---|
| Active vaginitis, UTI, vulvar infection | Ulceration/laceration of cervix or vagina |
| Uncontrolled diabetes | Cancers of vagina, uterus, bladder |
| Active inflammatory disease of the pelvic floor | known silicone allergy |
| Gynaecological mesh | Any other known contraindication |

Please review the above contraindications

We will only fit women if they commit to using a local vaginal moisturizer to prevent tissue erosion. Please prescribe whichever is most appropriate for your patient. **Please circle:**

Hormonal estrogen (Ex. Vagifem) **OTC vaginal moisturizer (Ex. Gynatrof)** OR

Do you agree that this patient is appropriate to be fitted for a pessary at this clinic Please circle: No

Yes OR

Your signature: Date:

Thank you for your collaboration.

Paige Martin PT Physiotherapist/Owner PEI Pelvic and Breast Health Inc.