**ADDENBROOKES HOSPITAL**

**PHYSIOTHERAPY SELF REFERRAL BOOKING FORM**

**FOR PELVIC FLOOR CLASS**

*(For patients who are registered with a GP and intend to give birth at The Rosie Hospital)*

**Pelvic Health and Obstetric physiotherapy team**

**Outpatients Physiotherapy Department**

**Addenbrooke’s Hospital, Hills Road**

**Cambridge. CB9 0QQ**

Please fill out this form and return it to us at the above address or

via the following email address:

[add-tr.pelvichealth.physiotherapy@nhs.net](mailto:add-tr.pelvichealth.physiotherapy@nhs.net)

A virtual invite will then be sent to for you via email or text.

|  |  |
| --- | --- |
| FULL NAME |  |
| HOSPITAL NUMBER |  |
| EMAIL ADDRESS |  |
| MOBILE NUMBER |  |
| NUMBER OF CHILDREN |  |
| ARE YOU CURRENTLY PREGNANT? |  |
| IF YES HOW MANY WEEKS? |  |

*(By filling out this form you are consenting to the pelvic health physiotherapy team contacting you by email and text message)*