



UNC Department of OB/GYN
Minimally Invasive Gynecologic Surgery Division
Fibroid Care Clinic/Endometriosis and Pelvic Pain/Vulvar Pain

This is a surgical referral This is a chronic pelvic pain referral

If surgical: (circle all that apply)

Reason for referral: Fibroids Endometriosis Pelvic Mass Other

If pelvic pain: (circle all that apply)

Duration of pain: < 1month 1-3 months 3-12 months 1-3 years > 3years

Symptoms: Dysmenorrhea Dyspareunia Non-cyclic pain
Abnormal Uterine Bleeding Vulvar/vaginal pain Musculoskeletal pain

Past Diagnostics (Attach reports):

Pap Endometrial Biopsy Operative Report(s) Pathology Ultrasound MRI

Patient Name: _____ DOB: _____

Address: _____

Phone #'s: Home _____ Cell: _____ Work: _____

Insurance: _____

Referring Provider: _____

Referring Clinic Name: _____

Phone: _____ Fax: _____

PLEASE FAX ALL RELEVANT NOTES ALONG WITH THIS FORM TO 984-215-3517.

An appointment will be scheduled once we have received complete records, including imaging, operative reports and pathology reports. Please do not send Xerox copies of ultrasound pictures. We would prefer the typed report and a disc when possible.

All patients are seen for a consultation appointment. Subsequent care and appointments will be at the discretion of the consulting physician.

The UNC Hospitals MIGS Division attempts to provide pain relief and improved quality of life without opiate medication if at all possible. Patients will NOT receive opiate medications on the first visit so that they may undergo an appropriate screening process within our clinic. If they are currently on opiates, these should be provided by or weaned off of by the current prescribing physician.