

	< 3.5 women > 2.5 men	Maintain sexual function	To be discussed with patient where applicable	GP

Copy of GP Management Plan offered to patient? YES NO

Copy / relevant parts of the GP Management Plan supplied to other providers? YES NO

Date service was completed: Proposed Review Date:

I have explained the steps and any costs involved, and the patient has agreed to proceed with the plan.	
GP's Signature: _____	Date: _____
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