Continence and Urology Service

Referral Form (ADULTS INC CARE HOMES)

*(Post migration to INTS s1 unit version 31st Oct 22)*

Date of referral……………………………………….

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| PATIENT DETAILS Name: D.O.B:NHS Number:  | Address:Post Code: Tel. No:  |
| REFERRED BY Name: Tel. No: Please tick below: -Care Home [ ]  Consultant [ ]  GP [ ]  Practice Nurse [ ]  Self-referral [ ]  Specialist Nurse [ ]  Urologist [ ]  Other (Please state)  |
| **FOR INFORMATION – the following requests should be directed to the Community Neighbourhood Nursing Service via the Single Point of Access, these will not be accepted by the Continence and Urology Service:*** **Urgent catheterisation/patient in pain/not able to pass urine (Please phone the SPA on 01226 644575)**
* **Female catheters**
* **Nephrostomy Care**
* **Ordering of catheter equipment**
* **Bowel management (manual evacuation)**
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| **INCLUSION CRITERIA** * **Patients aged over 19 years +**
* **Patients who have a Barnsley GP**
* **Patients in a Barnsley area (we cannot deliver continence aids out of areas)**

**CARE HOME REFERRALS ONLY: *Please ensure all the below information is provided. Failure to do so may result in a delay in the referral being processed.**** **24 hr Care Home Continence Referral completed** [ ]
* **Bladder Frequency Volume Chart provided** [ ]
* **Bowel Diary provided** [ ]
* **Medication Sheets provided** [ ]
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| **REASON FOR REFERRAL *(Please tick the primary reason for referral):*** **Bladder** [ ]  **Bowel Problems** [ ]  **End of life (pads)** [ ] **Self-retaining Catheter** [ ]  **Intermittent Self-Catheterisation** [ ]  **Intermittent Self-Dilatation** [ ]  **TWOC** [ ] **What is the patient experiencing? (General symptom description)****How is the patient managing currently? (Current management by patient – self-care)****Tick if patient using continence aids already** [ ] **What are they using currently? (Type / Brand / Size):** |
| **CLINIC/HOME VISIT****Tick if patient can come to clinic** [ ] **Home visits only given to patients on GPs home visit list. Is this patient completely housebound?** [ ]  |
| **MEDICATION** |