

## CONTINENCE SERVICE CARE HOME REFERRAL FORM

**\*PLEASE COMPLETE ALL AREAS OF THIS FORM\***

- ✚ Does the patient consent to share information? Yes / No
- ✚ Does the patient receive incontinence pads from The Continence Service? Yes/ No  
If **YES** then **do not** complete this form, please telephone The Continence Service on 01274 221167 to book a reassessment of current pads.
- ✚ **PLEASE ENSURE YOU HAVE RULED OUT URINE INFECTION BEFORE SUBMITTING THIS REFERRAL FORM.**

<u>Dip Stix Urinalysis</u> <u>date carried out:</u>	<u>Results:</u>

Patient's Name	Referrer's Name
Address:	Referrer's contact number:
	Date referral sent:
Phone No:	Medical History:
Date of Birth:	
NHS No: <i>(Please note this MUST be filled in)</i>	

GP Name:	Medication <i>(Attach list if necessary)</i>
Address:	
Phone No:	

<b>Reason for Referral</b>	<b>Tick</b>	<b>Additional information:</b>
Urinary Incontinence		
Passing urine frequently at night		
Bedwetting		
Constipation		
Faecal Incontinence		
Please state any other continence symptoms		
		<b>Allergies:</b>

<b>When did patient start with bladder / bowel problems?</b>	
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<b>Waist measurements (cms)</b>		<b>Hip measurements (cms)</b>	
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<b>Patients weight (Kgs)</b>		<b>Date last weighed:</b>
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<b>Frequency of Bowel movements:</b>	<b>Consistency of Stool:</b>
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<b>*Drinks which DON'T irritate the bladder*</b>	<b>*Drinks which CAN irritate the bladder*</b>
Water, Milk, Decaffeinated Tea, Decaffeinated Coffee, Herbal Teas, Milkshake, Dilute Fruit juice (apple, pear, and grape are recommended)	Tea, Coffee, Hot chocolate, Green tea, Blackcurrant juice, Citrus fruit and juices, Tomatoes, Cola and other fizzy drinks, Alcohol.

**Quality of Life**

To what extent do you feel your symptoms effect your quality of life (1-10)? .....

In collaboration with the patient, identify the main aim/goal which is to be achieved through our clinical input (please ensure you use the patients/carers own words). Ensure the date is recorded.

.....  
 .....Date:.....

**PLEASE ATTACH AN ACCURATE COMPLETED 3 DAY BLADDER DIARY showing amounts and types of drinks. FAILURE TO ATTACH BLADDER DIARY AND PROVIDE ACCURATE INFORMATION MAY RESULT IN THE REFERRAL BEING DECLINED.** If you require advice and guidance on how to complete the form, please contact The Continence Service on 01274 221167.

**Completed Referral Form and Bladder Diary to be faxed together to:  
 01274 215660 or email to Fax-hpk.admin-hub@bdct.nhs.uk**