

**Continence Health Advisory Service Referral Form**

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| **Date:** | **Time:** |
| **Name:** | **DOB:** |
| **Address:****Postcode:** | **GP:****Surgery:** |
| **Telephone:** | **Telephone:** |
| **Referrer, designation and contact number:** | **NHS Number:** |
| **Reason for Referral:** **Bladder □****Bowel □** | **High Risk:****Bedbound □****Pressure Sores □****CVA within 12 Months □****CA Bladder □****CA Bowel □****Surgery within 6 Months □** |
| **Symptoms:** |  |
| **PSA Bloods taken?** | **Results:** | **Prostate Assessment done?** | **Results:** | **DRE:** |  | **MSU taken?** | **Results:** | **Stool sample:** |
| **PLEASE NOTE: IF PATIENTS PRESENT WITH ANY OF THE FOLLOWING, THEY MUST BE REFERRED TO SECONDARY CARE:****Urgently refer:*** Microscope haematuria if aged 50 years and older
* Visible haematuria
* Recurrent or persisting UTI
* Suspected pelvic mass arising from urinary tract
* Suspected CA prostate or CA bladder

**Refer with:*** Symptomatic prolapse visible at or below the vaginal introitus
* Residual urine > 200mls with deranged U+E’s
 | **Consider referring with:*** Persisting bladder or urethral pain
* Clinically benign pelvic masses
* Associated faecal incontinence
* Suspected neurological disease
* Voiding difficulty, e.g. hesitancy, reduced flow rate, nocturia
* Suspected urogenital fistula
* Previous pelvic cancer surgery
* Previous pelvic radiation therapy

**(NICE Guidelines Oct 2006)** |
| **IF PATIENTS PRESENT WITH POSSIBLE IRRITABLE BOWEL SYNDROME SYMPTOMS WITH ANY OF THE FOLLOWING, THEY MUST BE REFERRED TO SECONDARY CARE:*** Unintentional and unexplained weight loss
* Rectal bleeding
* A family history of bowel or ovarian cancer
* People aged over 60, change in bowel habit lasting more than 6 weeks with looser and/or more frequent stools

**Is there any blood in their urine/stools?****□ Yes □ No** | **ASSESS AND CLINICALLY EXAMINE PATIENTS WITH POSSIBLE IRRITABLE BOWEL SYNDROME SYMPTOMS AND REFER TO SECONDARY CARE:*** Anaemia
* Abdominal masses
* Rectal masses
* Inflammatory markers for inflammatory bowel disease

**NICE has also produced a pathway on colorectal cancer****Do they have persistent pain in their bladder?****□ Yes □ No** |
| **If yes to the above:****Have they seen their GP? If not, please refer to GP****□ Yes □ No** | **Have they had any treatment for the problem in the past?****□ Yes □ No** |
| **If patient is being referred for constipation, what bowel care regime has been in place?** | **If patient has been referred for loose stools, what investigations have been performed?****□Stool samples □Colonoscopy** |
| **Has advice been given on diet and fluid?** |  |
| **Past Medical History:****□ Neurological Disorder □ Dementia □ COPD □ Chronic Constipation****□ Diabetic □ Prostate Problems □ IBS □ Haemorrhoids** **Other …………………………………………………………………………………………………………………….** |
| **Have they ever had any surgery to their:****□ Prostate □ Bladder □ Bowel □ Gynae****If so, how long ago? …………………………………………………………………………………………………...** |
| **Have they ever been seen by:****□ Urology □ Gynaecology □ Physiotherapy □ Continence □ Gastroenterology****If so, how long ago? …………………………………………………………………………………………………...** |
| **Medication:** |
| **How do they currently manage the problem?** |
| **Are they currently receiving products on the Home Delivery Service? □ Yes □ No****If so, what products are they receiving? ………………………………………………………………………….** |
| **Are they housebound? □ Yes □ No** | **Are they able to get to clinic? □ Yes □ No** |
| **Signature:** |