



Adult Continence Advisory Referral Form For Patient's With a Derbyshire County GP

The following patients should **not** be referred to this clinic:

Urinary Symptoms

- microscopic haematuria if aged 50 or older
- visible haematuria
- recurrent or persistent UTI associated with haematuria
- suspected pelvic mass
- severe prolapse
- palpable bladder on bimanual examination after voiding
- post operative / post natal pelvic floor dysfunction < 3 months

Terminally ill patient's (Refer to District Nurses)

Bowel Symptoms

- unexplained weight loss
- change in bowel habit > 6 weeks
- undiagnosed rectal bleeding
- persistent abdominal pain
- passing mucus or blood per rectum
- recent abdominal surgery
- vomiting

If this patient is already known to another service or district nurse please enclose copies of any MUST tool or Waterlow completed.

Enclosed: Yes/ No

Patient Details

NHS No:
(Mr / Mrs / Ms / Miss)
Name:

Address

Post Code: Key Code: Y/N -----

Date of Birth:

Home Tel. No:

Mobile Tel. No:

E-mail Address:

1st Language:
Interpreter required: Yes / No

Routine (seen within 8 weeks)

Urgent Reasons why? -----

Housebound: Yes / No

Home Visit Required: Yes / No

Reasons for Home Visit: -----

Practice Information

Name of GP:

Practice Address:

Tel No:

Date of Referral:

Patient referred by:

Referrers Contact No:

Symptoms

Duration: (days / months / years)

Symptoms suggestive of:

Stress UI Urge UI Mixed UI Voiding difficulty Constipation

Faecal Incontinence Other (please state)

General Medical/Surgical Information:

Current Medication: List to be brought to appointment

Allergies:

Please return this completed form to: continence.advisoryservice@nhs.net
Alfreton Primary Care Centre, Church Street, Alfreton, Derbyshire, DE55 7AH
Tel: 01773 546960 / Fax: 01773 546976

