**Appendix 2**

[](http://nww.intranet.rdash.nhs.uk/home/corporate-templates/rotherham-doncaster-and-south-humber-nhs-foundation-trust-rgb-blue/)

**Continence Health Advisory Service Referral Form**

**FAX TO: 01302 379551**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Ulcers □CVA within 12 Months □CA Bladder □**  **CA Bowel □**  **Surgery within 6 Months □**  **Falls Risk □** | | | | |
| **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**  **Ifso ,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:** | | | | | | | | | |