

Referral Form

Dorset Bladder & Bowel Continence Service

Surname		Title													
Forename (s)		Date of Birth													
Address															
Post Code		NHS No													
Telephone No		Hospital No													
Email Address		Surgery													
Registered GP															
Ethnic Group															
Which clinic location would suit best?															
State if Housebound															
Reason for referral 															
Urinary symptom check list: Please tick as appropriate <table border="0"> <tr> <td>Daytime frequency</td> <td>Hesitancy/ poor stream/straining</td> </tr> <tr> <td>Urgency</td> <td>Incomplete bladder emptying</td> </tr> <tr> <td>Urge incontinence</td> <td>Recurrent UTI</td> </tr> <tr> <td>Stress incontinence</td> <td>Dysuria</td> </tr> <tr> <td>Nocturia</td> <td>Nocturnal enuresis</td> </tr> <tr> <td colspan="2">Other.....</td> </tr> </table>				Daytime frequency	Hesitancy/ poor stream/straining	Urgency	Incomplete bladder emptying	Urge incontinence	Recurrent UTI	Stress incontinence	Dysuria	Nocturia	Nocturnal enuresis	Other.....	
Daytime frequency	Hesitancy/ poor stream/straining														
Urgency	Incomplete bladder emptying														
Urge incontinence	Recurrent UTI														
Stress incontinence	Dysuria														
Nocturia	Nocturnal enuresis														
Other.....															

Bowel symptom check list:

Faecal incontinence

- Passive

- With urgency

Incomplete evacuation

Constipation

Painful defecation

Abdominal bloating

Ability to distinguish stool/flatus/diarrhoea?

Other.....

Any other relevant information?

Is patient aware of referral?

Is GP aware of referral?

Are there any other services involved?

Referral raised by

Date of referral

Relationship

Contact details

Please return to:**Dorset Bladder & Bowel Continence Service (West)**

Forston Clinic, Herrison Road, Charlton Down, Dorchester DT2 9TB

Tel: 01305 259978

Email: continence.dept@nhs.net**Dorset Bladder & Bowel Continence Service (East)**

11 Shelley Road, Boscombe, Bournemouth BH1 4JQ

Tel: 01202 443111

Email: dhc.continence.shelleyroad@nhs.net