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| **URINARY CONTINENCE REFERRAL FORM FOR MEN AND WOMEN**  |
| **Accurate completion of this form will ensure that patients are triaged correctly.**  | **TICK ONE**  |
| **CLINIC APPOINTMENT** – patients may be seen by the Specialist Continence Service or Specialist Men’s and Women’s Physiotherapy Department. |  |
| **HOME VISIT** – **ONLY FOR HOUSEBOUND PATIENTS**, i.e. are not able to attend their GP practice for appointments. Patient will be visited by the Community Care Teams (CCT)  |  |
| **Exclude or refer to Secondary Care: Adapted from NICE guideline [NG123)****Gynaecology:**Urgently refer women (for an appointment within 2 weeks) with:* Suspected pelvic mass

Refer women with:* Symptomatic prolapse visible at or below the vaginal introitus
* Symptomatic fibroid
* Suspected urogenital fistulae

**Urology:**Refer using a **suspected cancer pathway referral** (for an appointment within 2 weeks) for bladder cancer if they are:* aged 45 and over and have unexplained visible haematuria without urinary tract infection **or**
* visible haematuria that persists or recurs 2 weeks after successful treatment of urinary tract infection, **or**
* aged 60 and over and have unexplained non‑visible haematuria

Refer if:* Palpable bladder on bimanual or physical examination after voiding
* Persisting bladder or urethral pain

Consider **non-urgent** referral if:* Age <60 years with unexplained non-visible haematuria associated with urinary tract symptoms (e.g. loin pain, LUTS).
* Recurrent or persistent unexplained UTI.
* Age <45 years with unexplained visible haematuria.
* For patients <60 years with asymptomatic non-visible haematuria, a renal USS should be considered.
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| **Patient Details** |
| **Name:** |  | **Address:** |
| **Date of Birth:** |  |
| **NHS Number:** |  |
| **Daytime Tel.** |  | **Alternate Tel.** |  |
| **Practice & GP Details** |
| **Practice Name** | **Referring GP** |  |
| **Referral Date** | **Referrer name and role (if not the GP)** |  |
| **Nature of Continence problem/symptoms** |
| **Duration:** |
| **Special Requirements** e.g. Interpreter, Carer or family member needs to be present during assessment |
| **Other Factors Contributing to Continence Problems:** |
| Mobility/ DexterityCognitive ImpairmentMental HealthEnvironmental  | **Bowel Problems** |
| **Obstetric History** | **Previous Investigations** |
| Childbirth within last 12 months? | **YES / NO** |  | **YES / NO** |
| **NOTES:**  |
| **Medication (please attach current list, if share not in place through Systmone)** |
|  |
| **Past Medical History (please attach, if share not in place through Systmone )** |
|  |
| **Allergies:** |
| **Examination Finding:** |
| AbdominalVaginal: |
| **It is essential to urine dipstick test in all women presenting with urinary incontinence to detect the presence of blood, glucose, protein, leucocytes and nitrites in the urine NICE NG123** |
|  |  | **Date:** | **Result:** |
| **Urine Dipstick** | **YES / NO** |  |  |
| **MSU?** | **YES / NO** |  |  |
| **Urine Cytology?** | **YES / NO** |  |  |
| Once referred into the HDFT Integrated Continence Pathway further tests and/ or consultant referral may be judged to be appropriate by specialist nurses/physios. Referral into the pathway assumes that this process is acceptable to you. | **Signature of referrer** |

**Please send to: Single Point of Access**

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