North Manchester Bladder and Bowel Referral Form

**Please note: Referrals forms will be returned if all details are not fully completed.**

**Patient Details: (attach label)**

|  |  |  |
| --- | --- | --- |
| **Name:** | **D.O.B:** | **NHS No:** |
| **Address:****Post Code:****Telephone No:** | **G.P. Name:****Address:****Post Code:****Telephone No:** |
| **Ethnicity:** | **Language spoken:** | **Interpreter required:** **Yes / No** |

**Reason for referral:**

|  |  |  |  |
| --- | --- | --- | --- |
| Faecal Incontinence |  | TWOC |  |
| Urinary Incontinence |  | New Catheter Management |  |
| Prostate Assessment |  | Problematic Catheter Review |  |
| Flow Rate / Post Void Scan |  | Intermittent Self-Catheterisation |  |
| Bladder Scan |  | Intermittent Self-Dilatation |  |
| Sheath Assessment |  | Rectal Irrigation |  |
| New Stoma  |  | Nephrostomy |  |
| Problematic Stoma Care Review |  | Other |  |

**Bladder & Bowel Clinic appointment for Continence Treatment:**

**Patient must be able to attend one of the following clinic (please indicate).**

|  |  |  |  |
| --- | --- | --- | --- |
| Harpurhey Health Centre | Monday |  08.30 a.m. – 12.00 a.m. |  |
| Harpurhey Health Centre | Tuesday |  09.00 a.m. – 11.30 p.m. |  |
| Plant Hill Clinic | Tuesday |  09.30 a.m. – 11.30 a.m. |  |
| Plant Hill Clinic | Tuesday |  13.00 p.m. – 15.00 p.m. |  |
| Harpurhey Health Centre | Wednesday |  12.30 p.m. – 14.30 p.m. |  |
| Cheetham Hill Medical Centre | Wednesday  |  09.00 a.m. – 11.00 a.m. |  |
| Cheetham Hill Medical Centre | Wednesday  |  13.00 p.m. – 15.00 p.m. |  |
| Newton Heath Health Centre | Thursday |  09.00 a.m. – 12.00 p.m.  |  |
| Cornerstones Family Practice | Thursday |  12.30 p.m. – 14.30 p.m. |  |
| Higher Openshaw Medical Practice | Thursday |  08.30 a.m. – 11.30 a.m. |  |
| Harpurhey Health Centre | Friday |  12.30 p.m. – 14.30 p.m. |  |

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| **Reason for referral and explain symptoms:** |

|  |
| --- |
| **Medical History:** |

|  |
| --- |
| **Medication and Allergies:** |

|  |
| --- |
| **Previous treatment tried and what do you feel in now needed (if known):** |

|  |
| --- |
| **G.P. Summary Attached: Yes / No****Comments:** |

|  |
| --- |
| **All referrals will be seen as soon as possible. If you consider this referral to be a priority please indicate the reason why?** |

|  |
| --- |
| **Are there any risks involved? If yes please state:** |

|  |  |
| --- | --- |
| **Is the Patient Housebound:** | **Can the Patient Attend Clinic:** |

**Referrer’s Details:**

|  |  |
| --- | --- |
| **Name:** | **Designation:** |
| **Address / Base / Department:** | **Telephone No:** |
| **Date of Referral:** | **Signature of Referrer:** |

Housebound patients living in North Manchester with the North Manchester GP are required to be referred directly to community district nursing team.

Housebound patients with a North Manchester G.P. living out of the North Manchester area will be seen by the Bladder and Bowel Nurse.

Please return referral form to:- **North Manchester Bladder and Bowel Service**

**Harpurhey Health Centre, 1 Church Lane**

**Harpurhey Manchester M9 4BE**

**Tel: 0161 470 6686**

**e-mail: mft.continence-stoma-prescription-service@nhs.net**