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|  **Bladder and Bowel Service Referral Form****Self or Patient Advocate Referral Form** |

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| **If patient reports any abnormal bleeding or red flag symptoms - please advise patient to see GP**  |

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 Send to: mft.bladderbowelteam@nhs.net from nhs.net email account or

 southbladder.bowelteam@mft.nhs.uk from MFT email account

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| **Patient Name:** |  | **GP Name:** |  |
| **Patient Address and postcode:** |  | **GP Address:** |  |
| **GP telephone number** |  |
| **Date of birth:** |  | **Referrer Name**  |  |
| **NHS Number:** |  | **Relationship to patient:** |  |
| **Telephone number:** |  | **Contact number:** |  |

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| **Has consent been given by patient for this referral?** Please circle Yes / No / NA |

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| **Given birth in last year?** Please circle Yes / No | **Palliative?** Please circle Yes / No |
| **Presenting bladder and/or bowel problems**  |
| **Summary:**  |

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| **Consent obtained to source medical history from GP:** Yes / No |
| **Do you or the patient require any communication, translation or interpretation support?** Please specify |
| **Do you/or the patient have any memory deficit?** Please circle Yes / No**Details:**  |
| **Do you or the patient have any disabilities that would make attending a clinic appointment a problem for them?**Please circle Yes / No**Details:**  |

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| **For Men Only** |
| **Have you or the patient had a DRE performed?** Please circle Yes / No**Date performed:**  | **Have you or the patient had a PSA investigation?****Latest date performed:**  **Result**: ng/mL |
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| **Where did you hear about our service? Details:**  |

**Any other comments:**