Children's Continence Service Referral Form

Solent **NHS**
NHS Trust

+Surname:		Date of Birth: (format: dd/mm/yyyy)	
Forename(s):		Gender:	Male ☐ Female ☐
Address:		Post Code:	
		NHS No:	
Home Tel No:		Mobile No:	
Mother's Contact No:		Father's Contact No:	

Registered GP		Surgery	
Practice Code	J		
Consultant (if appropriate)			

Ethnicity:		Interpreter Required:	Yes ☐ No ☐

Reason for referral (*Please attach previous management tried*)
Relevant medical/social history/learning difficulties/safeguarding concerns

Medication:					

Is parent/guardian aware of referral?	Yes ☐ No ☐ Unknown ☐
Is GP aware of referral?	Yes ☐ No ☐ Unknown ☐
Are there any other professional/agencies involved with the family? (please tick appropriate box/boxes)	Health Visitor ☐ CAMHS ☐ Known to Social Services ☐ Other None ☐ Paediatrician (please specify)

School:		School Nurse:	

Referral raised by:		Date: (format: dd/mm/yyyy)	
Signature:		Designation:	
Address:		Telephone No:	
	Post Code:	Mobile No:	

Please return to: Children's Continence Service, Adelaide Health Centre, William Macleod Way, Millbrook, Southampton, SO16 4XE Tel No: 0300 123 3797 – E-mail: childrenscontinenceSAPT@solent.nhs.uk (secure site)

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Additional information, please tick or complete where appropriate

Day wetting		Night Wetting	
Number of wet days a week		Number of wet nights a week	
Number of wet episodes a day		Number of wet episodes a night	
Amount of wetness		Wakes to void/wetness	
Frequency/Urgency		Nappies/pull-ups	
UTI's		Medication	
Medication		Alarm	

Frequency of Defecation (please tick)		Soiling
Daily	☐	Medication: Senokot ☐ Lactulose ☐ Movicol ☐
Alternate days	☐	How much?
Twice per week	☐	Any soiling? Yes ☐ No ☐ Sometimes ☐
Less often	☐	How often? > Once a day ☐ > Twice a day ☐
Is there pain on defecation	Yes ☐ No ☐	How much? Full poo ☐ Large poo ☐ Smears ☐
Description of stool: Firm ☐ Soft ☐ Loose ☐		Is it a Formed stool ☐ Loose stool ☐

Strategies tried in the past:

Are there any other professionals/agencies involved in with the family?

Is the family known to Social Services or cause for concern?

Relevant medical/social history: ie Learning Difficulties/at risk etc

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