**EXCLUSION CRITERIA**

* District Nursing involvement, refer to District Nurse for assessment
* Red flags; refer to secondary care:

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| **Red Flags MALES - for immediate referral to****Urology secondary care service via GP*** Haematuria
* Elevated PSA
* Palpable bladder
* Suspected mass
 | **Red flags FEMALES - for immediate referral to****secondary care via GP*** Micro haematuria 50+ years
* Recurrent UTI with haematuria 40+ years
* Suspected mass
* Severe prolapse
* Visible haematuria
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| For any queries, please telephone the **CCICP Continence Service** on **01270 275411** (Mon-Fri 9:00-17:00)**Please ensure this form is fully completed and attach any relevant additional information** **and e-mail to** **tmc-tr.communitycontinenceteam@nhs.net** |

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| **PATIENT DETAILS** | **GP DETAILS** |
| **Name** | Title  | Given Name  | Surname  | **GP Name**  | Usual GP Full Name  |
| **DOB** | Date of Birth  | **GP GMC No.** | Usual GP GMC Number  |
| **Address** | Home Full Address (single line)  | **Name of Referrer** |       |
| **Tel No**  | Home: Patient Home Telephone Mobile: Patient Mobile Telephone  | **Surgery** | Organisation Name Organisation Full Address (single line)  |
| **NHS No.** | NHS Number  | **Practice code** | Organisation National Practice Code  |
| **Email Address** | Patient E-mail Address       | **Tel** | Organisation Telephone Number  |
| **Ethnicity** | Ethnic Origin  | **Fax** | Organisation Fax Number  |
| **Religion** | Religion  | **Referral date** | Short date letter merged  |
| **Next of Kin** |       |  |  |
| **Interpreter required?** | Yes [ ]  No [ ] If Yes, which language?       |  |  |

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| **PATIENT ACCESS** |
| Aware of any **risks** that should be considered prior to visiting the patient?(e.g. VRSA, MRSA, dogs, environmental risk, any known aggressive behaviour or Health & Safety Issues)If Yes, please describe:       | Yes [ ]  | No [ ]  |
| Does the patient **live alone**?Yes**[ ]** No**[ ]**  | Is the patient **housebound**? Yes [ ]  No [ ]  |

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| **REASON FOR REFERRAL** *(presenting urinary/bowel symptoms)*      |
| **PHYSICAL EXAMINATION** *(i.e. abdominal/bi-manual examination/prolapse assessment/rectal/blood PSA level/urinalysis/MSSU/CSU)*      |
| **RELEVANT MEDICAL / SURGICAL HISTORY**      |

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| **HEALTH PROFILE** |

Height

Weight

BMI

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| **Last 5 BPs** |

Blood Pressure

Family History

Allergies

Single Code Entry: H/O: non-drug allergy

Problems

Medication

Values and Investigations

Radiology