

Bladder and bowel (continence) referral form

Email to integratedhub@berkshire.nhs.uk

Exclusion criteria or require treatment prior to referral (NICE 2006)

Bladder	Bowel
Suspected pelvic mass	Severe constipation
Haematuria	Treatable causes of diarrhoea
Retention	Signs of gastrointestinal cancer
Uncontrolled diabetes	Rectal prolapse
Visible prolapse	Acute anal sphincter injury
Enlarged prostate	Acute disc prolapse
Recurrent urinary infections	

Patient's details

Name:	DoB:
Address:	Ethnic origin:
	GP:
	Surgery:
Post Code:	
Telephone No:	NHS No:
Drug allergies:	Urinalysis Results:

Housebound? Yes (refer to District Nursing Team)		No
Mobility problems?	Yes	No
Medical History:	Medication:	
Current Symptoms:		
Previous examinations and results e.g. vaginal / rectal/ prostate: Please note if males are over 50 years old a prostate assessment should be completed prior to referral.		

Referrer's details

Name:	Date:
Address:	Telephone Number:
Post Code:	Fax Number:



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We will be polite and kind and we expect you to treat our staff in the same way. We will take action against anyone who is verbally, racially, physically or sexually abusive, including stopping access to our services.