

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	

This service assesses and treats adults with bladder and bowel dysfunction. If someone requires a supply of FP 10 Catheter products please refer to the New Thames valley Appliance Management service: thamesvalleyprescriptionappliances.org/

Complete the Urology Referral Form (BOB) from our service page berkshirehealthcare.nhs.uk/continence

Direct link to form: [urology-referral-form-bob-prescription-service.docx](#)

Public contact: [0800 138 8336](tel:08001388336)

HPC contact: [0800138 8677](tel:08001388677)

Email: prescriptionservice.bhg@nhs.net

Patient's details

Name:		DoB:
Address:		Ethnic origin:
Carer contact details:		
GP:		
Telephone No:		NHS No:
Housebound? Yes (refer to District Nursing Team) / No		
Mobility problems? Yes / No		
Addition needs?		
Cognitive impairment / Learning disability / additional support required:		
Medical History:		Medication:
Drug Allergies:		Urinalysis Results:
Current Symptoms:		



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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.

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 (must be completed)

Name:	Date:
Email:	
Telephone Number:	
Address:	



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