**Children and Young People’s Bladder and Bowel Service**

**Referral Form**

**Please return by email to:** [**epunft.cybbs@nhs.net**](mailto:epunft.ccs@nhs.net)

Telephone 0344 257 3954

**Referrals that do not meet our criteria or are incomplete will be rejected**

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| **Patient Details** | | | | | | | | | | | | | | | | | | | | |
| NHS Number | | |  | | | | | | Last Name | | |  | | | | | | | | |
| First Name | |  | | | | | | Date of Birth | | |  | | | Age |  | | | Gender | |  |
| Address |  | | | | | | | | | | | | | | | Postcode | | |  | |
| Parent/Carer Name | | | | |  | | | | | | | Contact Number | | |  | | | | | |
| Spoken Language | | | |  | | | | | | | | | Translator Required | | | | | | |  |
| School Name | | |  | | | | | | | | | | | | | | | | | |
| Learning/Physical Disability | | | | | |  | | | | Communication Difficulties | | | | | | |  | | | |
| Child Protection/LAC/Vulnerable | | | | | | |  | | | | | | | | | | | | | |

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| **Referrer Details** | | | | |
| Date of referral |  | Referrer Name |  | |
| Designation |  | Referrer Contact Number | |  |
| Email address |  | | | |

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| **Professional Details** | | | |
| GP Surgery Name |  | | |
| Contact Number |  |  | |
| Consultant Name |  | Hospital Number |  |
| Contact Number |  |  | |

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| **REASON FOR REFERRAL***(please tick accordingly)* | | | |
| **Daytime Bladder Problems** *(Complete Section 1)* |  | **Nocturnal Enuresis** *(Complete Section 2)* |  |
| **Constipation/Soiling** *(Complete Section 3)* |  | **Delayed Toilet Training** *(Complete Section 4)* |  |
| **Complex Bowels & Bladders** *(Complete Section 5)* |  |  | |

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| **SECTION 1 – Daytime Bladder Problems** *(please tick* ***all*** *that apply)***:** | |
| 1. Aged **4** to 17 years |  |
| 1. Registered with a GP in Mid or South East or South West Essex Area |  |
| 1. Physical examination by GP/Paediatrician to exclude ‘Red Flags’ and investigate underlying cause |  |
| 1. Daytime wetting |  |
| 1. Urgency and/or frequency |  |
| **SECTION 2 – Nocturnal Enuresis** *(please tick* ***all*** *that apply)***:** | |
| 1. Aged **5** to 17 years |  |
| 1. Registered with a GP in Mid or South East or South West Essex Area |  |
| 1. Primary Nocturnal Enuresis *(child never dry from age 5 years)* |  |
| 1. Secondary Nocturnal Enuresis *(child dry for at least 6 months from age 5 years)* |  |

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| **SECTION 3 – Constipation/Soiling (Faecal Incontinence)** *(please tick* ***all*** *that apply)***:** | |
| 1. Aged **4** to 17 years |  |
| 1. Registered with a GP in Mid or South East or South West Essex Area |  |
| 1. Physical examination by GP/Paediatrician to exclude ‘Red Flags’ and investigate underlying cause |  |
| 1. Confirmed diagnosis of constipation *(refer to GP in first instance if constipation/soiling suspected)* |  |

**Red Flags – Immediate referral to a Paediatrician**

<https://www.nice.org.uk/guidance/cg99/chapter/Recommendations#history-taking-and-physical-examination>

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| **SECTION 4 – Delayed Toilet Training** *(please tick* ***all*** *that apply)***:** | | |
| 1. Aged **2** to 17 years | |  |
| 1. Registered with a GP in Mid or South East or South West Essex Area | |  |
| 1. Child aged 2 to 4 years known or anticipated to have an additional need and difficulties with toilet training | |  |
| 1. Child aged 4 to 18 years with delayed toilet training after a following a 6 month toilet training programme | |  |
| 1. Current containment products *(Please list)* |  | |

**DO NOT REFER CHILDREN FOR PROVISION OF CONTAINMENT PRODUCTS ONLY**

* Children with delayed toileting due to behavioural/developmental difficulties will require a referral to the service for bladder and bowel and toilet training programme at least 6 months prior to being considered for containment products.
* If a child has a specific medical reason for their continence issues such as Spina Bifida or Cerebral Palsy, then products *may* be supplied from the age of 5 yrs. This will be assessed on an individual basis. The products provided will be to assist with continence and may not cover full continence requirements (up to 4 products per 24-hour period).

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| **SECTION 6 – Complex Bowels & Bladders** *(please tick* ***all*** *that apply)***:** | |
| 1. Aged **2** – 17 years |  |
| 1. Registered with a GP in Mid or South East or South West Essex Area |  |
| 1. Child is under the care of a tertiary centre |  |
| 1. Child requires Clean Intermittent Catheterisation (CIC) support |  |
| 1. Child under management of tertiary centre for complex bladder and/or bowel condition ***(detail condition below and attach latest clinic letter)*** |  |
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