**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

**Incomplete Referrals Will Be Rejected**

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

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

|  |
| --- |
| **DETAIL HISTORY AND OTHER RELEVANT INFORMATION** |
|  |

|  |  |
| --- | --- |
| **Red Flags** *(****COMPULSORY for ALL Referrals – referral will be rejected if this section is not completed****)***:** | |
| Please tick to confirm that a physical examination by GP/Paediatrician to exclude ‘Red Flags’ and investigate underlying cause has been completed |  |

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

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

|  |  |
| --- | --- |
| **SECTION 1 – Daytime Bladder Problems** *(At least No.s 1 and 2 must be ticked to meet referral criteria)***:** | |
| 1. Aged **5** to 17 years |  |
| 1. Registered with a GP in Mid or South East or South West Essex Area |  |
| 1. Daytime wetting *(child has been seen by GP for exclusion of red flags)* |  |
| 1. Urgency and/or frequency *(child has been seen by GP for exclusion of red flags)* |  |

|  |  |
| --- | --- |
| **SECTION 2 – Nocturnal Enuresis** *(At least No.s 1 and 2 must be ticked to meet referral criteria)***:** | |
| 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)* |  |

|  |  |
| --- | --- |
| **SECTION 3 – Constipation/Soiling (Faecal Incontinence)** *(At least No.s 1 and 2 must be ticked to meet referral criteria)***:** | |
| 1. Aged **4** to 17 years |  |
| 1. Registered with a GP in Mid or South East or South West Essex Area |  |
| 1. Confirmed diagnosis of constipation *(refer to GP in first instance if constipation/soiling suspected)* |  |
| 1. Constipation or Faecal Soiling *(child has been seen by GP for exclusion of red flags)* |  |

|  |  |  |
| --- | --- | --- |
| **SECTION 4 – Delayed Toilet Training** *(Item No.s 1, 2, 3 and 4 must be ticked to meet referral criteria)***:** | | |
| 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 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).

|  |  |
| --- | --- |
| **SECTION 5 – Complex Bowels & Bladders** *(Item No.s 1, 2 and 3 must be ticked to meet referral criteria)***:** | |
| 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 |  |
| ***If 5 above, Detail condition below and attach latest clinic letter*** | |
|  | |