

**PLEASE RETURN COMPLETED FORM TO:**

Bladder & Bowel Service

5 Curzon Road

Southport

PR8 6PL

Telephone 01704 387262

Fax 01704 387674

Email: Southportandformby.spa@merseycare.nhs.uk or mcn-tr.southportandformbyspoa@nhs.net

#### NURSING AND RESIDENTIAL HOME CONTINENCE REFERRAL FORM

**It is essential that this form is completed fully in order for the resident to receive appropriate continence care. This may or may not result in provision of continence products.**

**Incomplete forms will not be processed.**

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| Name ……………………………………………….Title …………………Date of birth………………..Name of Home ……………………………………Address and Postcode…………………………..………………………………………….………….………………………………………………………Telephone number………………………………………….. | NHS number….………………………………Gender……….. Ethnicity ………………….GP Surgery:……………………………..........Date of admission to home …………………Previous address …………………………………………………………………………………………………………………………………. |

**Full medical history:**

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**Current medication (attach copy of MAR sheet if preferred)**

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**Name………………………………………………………………….NHS number………………………………………….**

**Any known allergies** …………………………………………………………………………………………………………….

Presenting continence problem – include duration and current management as well as any relevant factors affecting continence, e.g. mobility, resident’s understanding of situation, ability to manage clothing / pads. Please provide as much information as possible as this will help to determine the product prescribed.

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**Daily fluid intake (in mls**)………………………… **Types of fluid**……………………………………………………..

**State regular bowel habit (with reference to Bristol Stool chart**)………………………………………………

**Any faecal incontinence**

………………………………………………………………………………………………………………….

**Hip measurement (cms)** ………………………… **Waist measurement (cms**)……………………………..

**Please add any further information, which you feel may be useful:**

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**Signature** ……………………………….……… **Print name** ……………………………………………………..

**Designation**….................................................................. **Date....................................................................**

**OFFICE USE ONLY**

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| --- |
| **Product Order** |
|  | ***Product Code***  | ***Quantity per 24-hour period*** | ***Inputting*** ***Date*** | ***First Delivery*** ***Due*** | ***Inputted by*** |
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