

# Referral Form



Name of person completing form: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact details: \_\_\_\_\_

Date form completed: \_\_\_\_\_ Signed: \_\_\_\_\_

## REASON FOR REFERRAL:

Symptoms on-going after following appropriate flowchart OR other concerns raised – see section A below.

For product provision – see section B below.

## Section A

Please enclose:

- A copy of the completed [Contenance Assessment Form – Child that has been toilet trained](#) OR [Contenance Assessment Form - Child who has not yet been toilet trained](#).
- Copies of all other assessment documentation used e.g. *Intake/Output Chart*, *Poo Diary*, *Night Time Diary*.
- If child is suffering from constipation and/or daytime bladder problems - evidence of physical examination carried out by GP/Paediatrician.

SUMMARY OF INTERVENTION TRIED/TREATMENT UNDERTAKEN:

  
  
  
  
  
  
  
  
  
  

CURRENT MEDICATION:

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Timing \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Timing \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Timing \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Timing \_\_\_\_\_

**Section B**

Please enclose:

- A copy of the completed [Continance Assessment Form – Child that has been toilet trained](#) OR [Continance Assessment Form - Child who has not yet been toilet trained](#).
- Copies of all other assessment documentation used e.g. *Bladder/Bowel Assessment Chart / Toilet Readiness Assessment Chart / Paediatric Assessment Tool for Issuing of Containment Products* - refer to Appendices 3a & 3b of the [Guidance for the provision of continence containment products to children and young people](#) / local product requisition documentation.
- If child is suffering from constipation and/or daytime bladder problems - evidence of physical examination carried out by GP/Paediatrician

SUMMARY OF INTERVENTION TRIED/TREATMENT UNDERTAKEN:

  
  
  
  
  
  
  
  
  
  

Child expected to attempt toilet training in the future? Yes / No

If Yes: Toilet readiness assessment to be repeated in 6/12

Due: \_\_\_\_\_

If No: Annual review to assess:

- Bowels – any constipation?
- Bladder – any UTI?
- Fluid intake

Assess using [Continance Assessment Form – Child who has not yet been toilet trained](#), or local equivalent

- Size / type / absorbency of product

Due: \_\_\_\_\_

CURRENT MEDICATION:

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Timing \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Timing \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Timing \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Timing \_\_\_\_\_