

EARLY YEARS HEALTHY BLADDER AND BOWEL ASSESSMENT

Name of person completing form: _____	
Job title: _____	Date completed: _____
Child's name:	Male/Female
Date of birth:	Age:

Usual drinking pattern		
TIME	TYPE OF DRINK	AMOUNT

Usual bowel pattern	
NUMBER OF POOS PER DAY	
TYPE OF POO (See ERIC Poo Checker)	
SIZE OF POO	
IF POTTY TRAINED – ANY SOILING?	
If unable to describe pattern or habit is random, suggest completing ERIC Poo Diary for at least a week.	
ANY BEHAVIOUR ASSOCIATED WITH POOING?	

Any history of constipation? Yes / No Details: _____

Any history of Urinary Tract Infection? Yes / No Details: _____

Any medication for bladder/bowels? Yes / No Details: _____

Please use the back of the form to document any other comments