Children's Continence Service Referral Form

NHS Solent NHS Trust

Referral criteria	
Any child aged between 4 and 19 years with	• Daytime Wetting • Daytime frequency and / or urgency • Wetting with urinary tract infections
Any child aged between 5 – 19 years with	• Night time wetting • Night wetting with family history of renal disease.
Any child aged between 2 – 19 years with	• Constipation and soiling. Stool holding.
Consider referral and discuss with the Children's Continence Team Children whom you are working with who have:	• Worsening Symptoms • Poor Progress/no progress over six months • Other complicating factors

Surname:		Date of Birth:	
Forename(s):		Gender:	
Address:		Post Code:	
		NHS No:	
Home Tel No:		Mobile No:	
Mother's Contact No:		Father's Contact No:	

Registered GP		Surgery	
Practice Code			
Consultant (if appropriate)			

Ethnicity:		Interpreter Required:	Yes ☐	No ☐

Reason for referral (*Please attach previous management tried*)	
Relevant medical/social history/learning difficulties/safeguarding concerns	
Medication:	

Is parent/guardian aware of referral?	Yes ☐ No ☐ Unknown ☐
Is GP aware of referral?	Yes ☐ No Unknown ☐
Are there any other professional/agencies involved with the family? (please tick appropriate box/boxes)	Health Visitor ☐ CAMHS ☐ Known to Social Services ☐ Other ☐ None ☐ Paediatrician (please specify)

School:		School Nurse:	

Referral raised by:		Date:	31/01/18
Signature:		Designation:	

Address:		Organisation:	
		Telephone No:	

Additional information, please tick or complete where appropriate

Day wetting		Night Wetting	
Number of wet days a week		Number of wet nights a week	
Number of wet episodes a day		Number of wet episodes a night	
Amount of wetness		Wakes to void/wetness	
Frequency/Urgency		Nappies/pull-ups	
UTI's		Medication	
Medication		Alarm	

Frequency of Defecation (please tick)		Soiling
Daily	☐	Medication: Senokot ☐ Lactulose ☐ Laxido ☐ Movicol ☐
Alternate days	☐	How much? Unsure
Twice per week	☐	Any soiling? Yes ☐ No ☐ Sometimes ☐
Less often	☐	How often? > Once a day ☐ > Twice a day ☐
Is there pain on defecation	Yes ☐ No ☐	How much? Full poo ☐ Large poo ☐ Smears ☐
Description of stool: Firm ☐ Variable ☐	Soft ☐ Loose ☐	Is it a Formed stool ☐ Loose stool ☐

Strategies tried in the past:

ERIC Bowel information shared

Are there any other professionals/agencies involved in with the family?

Is the family known to Social Services or cause for concern?

Relevant medical/social history: ie Learning Difficulties/at risk etc

Sharing In

Does the patient consent to the viewing of data by Solent Community Hospital that is recorded at other care services that may care for the patient where the patient has agreed to make the data shareable?

☐ Consent Given
☐ Consent Refused
☐ Consent not asked

***This box must be completed**

If Using SystmOne: Please send this form via electronic referral, selecting the following task recipient
1 Paed Continence eReferral

If Not Using SystmOne: Please send this form to:
childrenscontinenceSAPT@solent.nhs.uk

For Further Advice, Please Contact Us On: Tel No: 0300 123 3797
Children's Continence Service, 2nd Floor, Adelaide Health Centre, William Macleod Way, Southampton, SO16 4XE