Continence Service
St Johns Health Centre Hermitage Road, Woking
GU21 8TD.
Email: csh.spareferrals@nhs.net
Telephone : 01483 782150

Continence Service Referral Form (Inc. Women's Health Physiotherapy)

PLEASE COMPLETE ALL SECTIONS OF THE REFERRAL FORM.

This will help us to direct you to the most appropriate clinic/setting

Client Details			
Surname		Miss / Mrs / Ms / Mr / Dr / other	
Forename		Date of Birth	
NHS Number		Gender	Male/Female/Trans-gendered/Undisclosed
Address & Postcode			
Home Telephone Number		Alternative Daytime Telephone Contact Number	
Registered GP Name		GP Telephone Number	
Surgery / Practice Address & Postcode			

Appointment type Wanted

Clinic Appointment ☐ Telephone advice ☐ Nursing Home visit ☐ Residential Home visit ☐
Community Hospital visit ☐

If you have ticked Clinic Appointment, please help us to direct you to the correct clinic by answering the following question:
Do you require assistance to access/use the toilet Yes ☐ No ☐

Referrer Details

GP ☐ Self or Family Referral ☐ Community Hospital ☐ Nursing Home ☐ Residential Home ☐

Community Health Care Professional ☐ Secondary Care ☐ Social Care ☐ Mental Health/Disability agency ☐

Name & address of Referrer:			
Job Title:		Contact Number:	
Signature :		Date of referral:	

CSH Surrey

NHS

Reason For Referral – please tick all relevant
Bladder symptoms ☐ Bowel symtoms ☐ Prolapse with Bladder or Bowel Symptoms ☐ Pelvic pain ☐ Pelvic Floor weakness ☐ Prolapse ☐ Other (please state)..... Details/other relevant additional information

Relevant Medical Details – Please tick all relevant	
Have you ever been diagnosed with	Alzheimer's Disease/Dementia Mild ☐ Moderate ☐ Severe ☐ ☐ Parkinson's Disease ☐ Multiple Sclerosis ☐ Stroke ☐ Lower back or hip pain (currently active) ☐ Other long term condition (please state)..... ☐ Any pelvic surgery (please state)..... MRSA Yes ☐ No ☐ Unknown ☐ C.Diff Yes ☐ No ☐ Unknown ☐

Other Services or Agencies Involved – Please tick all relevant	
Have you ever been seen by	☐ Urology Consultant ☐ Colorectal Consultant ☐ Multiple Sclerosis Nurse ☐ Parkinson's Disease Nurse ☐ Community Nursing Services ☐ Social Services ☐ Continence Service – date seen.....

ETHNICITY	
A: White – British	☐
B: White - Irish	☐
C: White – Any Other	☐
D: Mixed – White & Black Caribbean	☐
E: Mixed – White & Black African	☐
F: Mixed – White & Asian	☐
G: Mixed – Any other	☐
H: Indian	☐
J: Pakistani	☐
K: Bangladeshi	☐
L: Any other Asian background	☐
M: Caribbean	☐
N: African	☐
P: Any other black background	☐
R: Chinese	☐
S: Any other ethnic group	☐
Z: Not stated	☐

Please return your completed form to: Continence Service, St Johns Health Centre, Hermitage Road, Woking GU21 8TD. Email: csh.spareferrals@nhs.net Telephone : 0203 726 0333