Choose and Book Referral
Patient name: NHS number:

Royal United Hospital Urogynaecology Continence Service

Please use this form together with your standard Choose and Book referral letter, which will contain practice details, patient demographics relevant medical history and medications. For reference purposes, please can you also complete the patient name and NHS number in the header above.

1. The Urogynaecology continence service is predominantly for women with symptoms of stress incontinence, urgency or urge incontinence. If the patient also has any of the following, please indicate and give details below:

Symptoms of a voiding difficulty	☐	Continuous urinary leakage	☐	Bladder pain	☐
Previous continence surgery	☐	Prolapse symptoms/signs with lower urinary tract symptoms	☐	Neurological signs with lower urinary tract symptoms	☐
Recurrent, proven lower urinary tract infections	☐	Failed conservative management (3/12 supervised pelvic floor education via Continence Nurse or Women's Health Physiotherapy Team)	☐	Other (only to be used in exceptional circumstances)	☐

Relevant details:

NB: Patients with Haematuria should be referred to the Urology Rapid Access Haematuria Clinic

2. If the patient only has stress incontinence, urgency, or urge incontinence:

		Yes	No
a.	Is the urinalysis/MSSU normal?	☐	☐
b.	Has a significant pelvic mass been excluded by abdominal and bi-manual examination?	☐	☐
c.	Has any atrophic vaginitis been treated with 2/12 of topical osestrogens?	☐	☐
d.	Has urinary diary been completed and polydypsia been excluded?	☐	☐
e.	Has the woman been referred to the Continence Nurse / Women's Health Physiotherapy team for 3 months of conservative management?	☐	☐

IF YOU HAVE ANSWERED NO TO <u>ANY</u> OF THE ABOVE, PLEASE CONSIDER IF REFERRAL IS APPROPRIATE AT THIS TIME. ***This form can also be used for referral to the Continence Nurse /Women's Health Physiotherapy team by faxing to ……..If conservative management is unsuccessful, the patient will be referred on automatically.***

3. Please indicate any other relevant history:

4. Relevant current medication:

5. Other significant information:

BMI: ☐ WEIGHT: ☐ BP: ☐