

**(Please tick relevant service) Continence & Pelvic Rehabilitation Service**

	Adult Continence & Pelvic Rehabilitation Service (Eneberi Clinic, East Ham Care Centre)
	Paediatric Continence Service (Eneberi Clinic, East Ham Care Centre)

**Client details:**

Surname:	First name:	Title: Dr/Mr/Mrs/Miss/Ms
Date of birth:	Male / female	NHS No:
Ethnicity:	Interpreter required: Yes / No	Preferred language:
Address:		GP Name: GP Address:
Postcode:	Mobile:	Postcode: Telephone No:
Telephone No:		Telephone No:
Has this referral been discussed and agreed with the client? Yes / No		
Mobilises independently: Yes / No		Housebound: Yes / No

**Reason(s) for referral:**

Urinary problems	Voiding problems	Vaginal pain / problems
<input type="checkbox"/> Stress incontinence	<input type="checkbox"/> Sensation of incomplete emptying	<input type="checkbox"/> Dragging sensation / heaviness
<input type="checkbox"/> Urge incontinence	<input type="checkbox"/> Poor or intermittent stream	<input type="checkbox"/> Pelvic organ prolapse, type if known:
<input type="checkbox"/> Mixed incontinence	<input type="checkbox"/> Hesitancy / straining	<input type="checkbox"/> Cystocele / urethrocele
<input type="checkbox"/> Coital incontinence	<input type="checkbox"/> Post micturition dribbling	<input type="checkbox"/> Rectocele / enterocele
<input type="checkbox"/> Overactive bladder	<b>Bowel problems</b>	<input type="checkbox"/> Uterine / vault prolapse
<input type="checkbox"/> Frequency	<input type="checkbox"/> Faecal incontinence	<input type="checkbox"/> Vaginismus
<input type="checkbox"/> Urgency	<input type="checkbox"/> Faecal urgency	<input type="checkbox"/> Vulvodynia
<input type="checkbox"/> Nocturia	<input type="checkbox"/> Flatus incontinence	<input type="checkbox"/> Dyspareunia
<input type="checkbox"/> Nocturnal enuresis	<input type="checkbox"/> Constipation	<input type="checkbox"/> Weak pelvic floor muscles / laxity
<b>Pelvic girdle pain / abdominal problems</b>		<input type="checkbox"/> 1° / 2° perineal tear, date:
<input type="checkbox"/> Diastasis of rectus abdominis		<input type="checkbox"/> 3° perineal tear, date:
<input type="checkbox"/> Antenatal pelvic girdle pain, no. of weeks pregnant /40		<input type="checkbox"/> 4° perineal tear, date:
<input type="checkbox"/> Postnatal pelvic girdle pain, date delivered:		<input type="checkbox"/> Extended episiotomy, date:
Other symptoms / condition:		
Duration of problem / additional information:		

**Past medical / surgical history:**

(please complete or attach / fax a print out)

**Current medication and dosage:**

(please complete or attach / fax a print out)

**Investigations / examinations findings:**

Urinalysis results normal: Yes / No

MSU result (if dipstix normal):

Vaginal examination:

Rectal examination:

Abdominal examination:

BMI:

Urodynamics:

**Services / support currently being received (details & contact names / numbers)**

(Personal care, community nurse, community matron, day centre, mental health, consultant, midwife)

**Referrer details -**

Name:

Signature:

Date:

Contact No:

Job title:

Organisation:

Address:

Report attached: Yes / No

Has the patient been assessed by the service before? Yes / No

The service accepts referrals for:

- Adults with bladder, bowel, pelvic organ prolapse, pelvic floor dysfunction or pelvic pain.
- Children requiring a Level 2 assessment of bladder and bowel problems that have not responded to the initial treatment at level 1 with the Health Visiting Team or School Nurse.
- Children aged 5-18 with bedwetting for the Enuresis Clinic at West Ham Lane Health Centre

Please note, refer:

- Adult housebound clients to the District Nursing Service
- Children aged 3-5 with special needs to the Health Visiting Team
- Children aged 5-18 to the School Nurse
- Ante/postnatal women with low back pain to the Musculoskeletal Physiotherapy Service (29 Romford Rd)
- Clients with visible haematuria, microscopic haematuria (40yrs+), recurrent or persistent UTI associated with haematuria or suspect pelvic mass, directly to secondary care.

**Please post or email the completed referral form to:**

**Continence & Pelvic Rehabilitation Service**

East Ham Care Centre, Shrewsbury Road, London, E7 8QP

**Telephone:** 020 8475 2012 **Email:** Eneberi.clinic@nhs.net

**Triage (office use only):**

Triaged by:

Signature:

Date:

Outcome: