St Helens and Knowsley Teaching Hospitals NHS Trust

Halton and St Helens

Referral for Paediatric Continence Assessment

Childs Name Male/Female	**DOB** **NHS No:**
Address & Postcode	**Telephone Number** Home: Mob: **School/Nursery:**
Parent/Guardian Mother/main carer Name: Father/carer Name: Who has legal Parental Responsibility:	**Ethnic Origin:** **Religion:**

Safeguarding Please give further details:

Looked After Child **Yes** ☐ **No** ☐ **PRIORITY 1**

Domestic Violence? **Yes** ☐ **No** ☐

Family Action/Child In Need/Child Protection: Yes ☐ **No** ☐ **Level 2 3 4 CP**

Is there a CAF in place **Yes** ☐ **No** ☐ **If yes please send copy**

Social Worker Name/base: **Contact Number:**	**Home Visit Concerns:**

Reason for Referral: Please also give further details/brief description of symptoms:

Soiling ☐ ☐ **Delayed toilet training** (from age 3 ½ years)

Constipation ☐

Bedwetting (From age 5yrs only) ☐

Daytime wetting (From age 3½years) ☐

Other: ☐ **Home Visit required due to disability** **Yes** ☐ ☐ **No**

Referrer Name / Designation: **Date Referred:**	**Signature:**
Address & Postcode of Referrer:	**Telephone Number of referrer:**
Patient GP **Address & Postcode:**	**Telephone Number:** **Fax Number:**

Cont…….

Is the child under a Paediatrician Yes ☐ **No** ☐

If yes, please give name/location of Paediatrician:

Please list any other professionals involved –
(eg CAMHS, Speech & Language, Dietician, Disability Nurse)

Communication:
Does the child have any sensory impairment – eg use PECs, Makaton

If English is not first language or interpreter needed please give details:

Is there any cultural/religious information that the nurse should be aware of that may otherwise impact on care and outcomes:

Relevant History Information:

Allergies:

Current Medication:

Previous Management / Investigations and Results
(eg Fluid Charts / Bowel Charts / Food Charts (please send copies)

Has this referral been discussed and agreed with by Parent / Guardian Yes ☐ **No** ☐

Send referrals to Lowe House HCRC, Crab Street, St Helens WA10 2DJ
Tel: 01744 626701
Email: paediatric.continenceservice@nhs.net