

**If you have had bleeding from either your back or front passages please see your GP first**

Please complete this form to refer yourself to the Joint Bladder & Bowel Clinic. Once completed the form can either be handed in or posted to the address below. You will be placed on the waiting list and the Clinic Administrator will contact you to offer you an appointment when one becomes available.

Today’s Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** |

Name 🕿Home Tel No.

Date of Birth

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** |

🕿Work Tel No.

Address 🕿Mobile Tel No.

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|  |  |  |  |  |  |  |

Postcode

GP Practice GP Name

Preferred method of contact: **Telephone / Post** (Please delete as appropriate)

Please give a brief description of why you want to attend the Joint Bladder & Bowel Clinic, giving details of the nature of your problem.

How long have you had a problem? …………………………………………………………………….. Was it related to a specific event? ………………………………………………………………………. Have you been seen by any other hospital departments? If so, please give details. ……………….

…………………………………………………………………………………………………………………

Please tick if you experience any of these symptoms:

🞏 Leakage of urine when coughing/laughing

🞏 Leakage of urine with strong desire to pass urine

🞏 Unaware when urine is passed

🞏 Leaking of wind

🞏 Constipation

**Please send completed form to the relevant clinic:**

|  |  |  |
| --- | --- | --- |
| **Aberdeen City**  Nurse-Led Bladder & Bowel Clinic  **Stonehaven**  Nurse- Led Bladder & Bowel Clinic  **Inverurie**  Nurse-Led Bladder & Bowel Clinic  **Peterhead**  Nurse-Led Bladder & Bowel Clinic  **Please send your referral to**  Bladder & Bowel Specialist Service  Staff Home  Inverurie Hospital  Upperboat Road  Inverurie  Aberdeenshire  AB51 3UL  Tel: 01467 672748 |  | **Moray**  **Please send your referral to**  Nurse-Led Bladder & Bowel Clinic  Bladder & Bowel Specialist Service  Room G4  Maryhill House  317 High Street  Elgin IV30 1AJ  01343 567700 |
|  |  |  |

**What Happens Next?**

Once your form has been received by the Joint Bladder & Bowel Clinic you will be contacted to arrange an appointment that would be convenient for you.

**Will the information that I have provided be shared with anyone else?**

Sometimes we may need to contact your GP if we require further information to help to help you. If you are seen by the Nurse or the Physiotherapist at the Joint Bladder & Bowel Clinic your GP will be informed.

It is important that you **complete this form as fully as possible.** Please check over the information you have provided. Please note we cannot take responsibility for any information that has been withheld.

**I agree** that the information that I have provided in this form is accurate and may be shared with my

GP.

**I consent** to relevant medical information being released from my GP if required.

Signature

Date

***What should I do if my problem gets worse while I am waiting for an appointment?***

If you feel your problem is worsening and you have concerns about your problem then you should contact your GP

* or NHS24 - 🕿111

Please note that if you have a bladder or bowel problem and have any bleeding from either your front or back passages then please see your GP first.