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| Female twoc referral form |
| **Please email this completed for to UrologyTWOCReferrals@nbt.nhs.uk** |
| Patient Name (in full): |       | Patient NHS Number: |       |
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| Patient DOB: |       | Patient Telephone Number: |       |
| Referrer details/GP Practice Details  |       |
| Date of catheter insertion |       | What is the residual volume (mls) |       |
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| What is the possible cause of the patient’s urinary retention?  |
| *(please see BUI website for retention guidelines www.nbt.nhs.uk/bristol-urological-institute/bui-clinicians)* |
| Pelvic prolapse  | [ ]  | Post surgery  | [ ]  | Pelvic masses  | [ ]  | Constipation  | [ ]  | Neurological  | [ ]  |  |
| Drugs - antidepressants, nasal decongestants, anaesthetic  | [ ]  | Other [ ]  Description:       |
| What has been undertaken to investigate/reverse the cause of retention? |
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| Please details patient’s relevant medical history |
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| **Please details patient’s mobility - ie independently mobile/walks with frame/wheelchair bound/needs hoist** |
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| Would it be suitable for this patient to learn ISC if fails a TWOC? Patient needs reasonable hand function and good eyesight to manage this. | [ ]  | Yes | [ ]  | No |
| **PLEASE ENSURE YOU HAVE GIVEN THE PATIENT THE NBT CATHETER PASSPORT** – available on the BUI website – [passport link](https://www.nbt.nhs.uk/sites/default/files/NBT%20Catheter%20Passport.pdf)  |
| **COMMENTS** |
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| **PLEASE INFORM THE PATIENT THERE IS AN 4 – 6 WEEK WAIT FOR A UROLOGY TWOC AND ENSURE THEY HAVE A SUITABLE LONG TERM CATHETER TO COVER THIS PERIOD****PLEASE INFORM THE PATIENT THAT THE TWOC CLINIC IS A NURSE LED CLINIC AND NOT A CLINICAL ASSESSMENT. THERE MAY STILL BE THE NEED FOR A FUTURE ASSESSMENT BY THE UROLOGY TEAM.**  |