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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*](http://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.** | | | | | | | | | | | | | | | | | | | | | |