# Uro-Gynaecology Referral Form

**Please note that referral criteria apply. Please see sections A and B below before completing this form.**

|  |  |
| --- | --- |
| **Referrer Details**  | **Patient Details**  |
| **Name:** | <Sender Name> | **Name:** | <Patient name> | **DOB:**  | <Date of birth> |
| **Address:** | <Sender Address> | **Address:** | <Patient Address> | **NHS no:**  | <NHS number> |
| **Gender:** | <Gender> |
| **Carer status:** | <Diagnoses> |
| **Telephone Number:** | <Sender Details> | **Telephone Number:** | <Patient Contact Details><Patient Contact Details> | **Language:** | <Main spoken language> |
| **Email:** | <Organisation Details> | **Communication needs:** |  |
| **Date of Referral:** | <Today's date> |

|  |
| --- |
| **Referral for (please select all appropriate boxes):** |
| **Vaginal Prolapse (including with obstructive defaecation)*** **Please complete section A below.**
 | [ ]  |
| **Urinary Incontinence*** **Please complete sections A AND B below.**
 | [ ]  |
| **Recurrent UTI or Bladder Pain** | Please refer to Urology |
| **Haematuria** | Please refer to Urology |
| **Obstructive defaecation (without prolapse)** | Please refer to Colorectal |
| **Urinary incontinence/prolapse within 12 months of delivery of baby** | [Please refer to Peri-Natal Pelvic Health](https://bswtogether.org.uk/maternity/pelvic-health/)Patients should self-refer using the QR code below or you can refer the patient on the above link.  |

|  |
| --- |
| **Does the patient have any of the following associated symptoms (please indicate provide further information below):** |
| Symptoms of a urinary voiding difficulty and/or retention | [ ]  | Severe Prolapse/Procidentia | [ ]  | Bladder pain | [ ]  |
| Previous continence surgery | [ ]  | Previous hysterectomy/ prolapse surgery | [ ]  | Neurological signs with lower urinary tract symptoms | [ ]  |
| Abnormal findings, e.g. benign mass/fistula/palpable bladder | [ ]  | Vaginal Mesh Extrusion | [ ]  | Failed conservative treatments (please specify below) | [ ]  |
| Recurrent UTIs | [ ]  | Incomplete bowel emptying | [ ]  | Others (please specify below) | [ ]  |
| **Other relevant details, severity of problem and any treatments provided already:**      |

|  |
| --- |
| **Section A****A****Please complete this section for all patients.** **Prior to referral, please perform examination and the following relevant assessments and treatments:** |
| 1. Has a significant undiagnosed pelvic mass been excluded by abdominal and bi-manual examination?
 | Yes[ ]  | No[ ]  | n/a [ ]  |
| Details if necessary: |
| 1. Has genito-urinary syndrome of the menopause been treated with two months of topical oestrogens?
	* [BSW Topical Oestrogen Formulary](https://bswformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=7&SubSectionRef=07.02.01&SubSectionID=A100)
	* [Topical Oestrogen Therapy Patient Information](https://www.yourpelvicfloor.org/media/Low-Dose_Vaginal_Estrogen_Therapy.pdf)
 | Yes[ ]  | No[ ]  | n/a [ ]  |
| Details if necessary: |
| 1. Has the patient been treated by Women’s Health Physiotherapy (for prolapse) or the community continence team (for incontinence with or without prolapse) in the last 12 months? Do not delay referral of Grade 3/procidentia, with failed pessary.
* Bath and North East Somerset:
	+ Bladder & Bowel Service
	+ [Physiotherapy for GP practices with a BA1 postcode](https://www.ruh.nhs.uk/For_Clinicians/departments_ruh/Physiotherapy/index.asp?menu_id=3)
* Somerset:
	+ [Adult Continence Service](https://www.somersetft.nhs.uk/continence-service/)
	+ [Musculoskeletal Physiotherapy](https://www.somersetft.nhs.uk/musculoskeletal-physiotherapy-service/)
* Wiltshire:
	+ [Continence Unit](https://wiltshirehealthandcare.nhs.uk/services/continence/)
	+ [Physiotherapy](https://wiltshirehealthandcare.nhs.uk/services/physiotherapy/)
 | Yes[ ]  | No[ ]  | n/a [ ]  |
| Details if necessary:**B** |
| **Section B****Please complete this section for patients being referred for urinary incontinence.** **Prior to referral, please perform examination and the following relevant assessments and treatments:** |
| 1. Has an abnormal urinalysis been excluded?
	* Patients with haematuria, please follow Haematuria Pathway as above.
 | Yes[ ]  | No[ ]  | n/a [ ]  |
| Details if necessary: |
| 1. Has the patient been advised on fluid intake and reduction of bladder-irritant drinks?
* [[Bladder Diary](https://www.ruh.nhs.uk/patients/patient_information/URO043_Bladder_Diary.pdf?t=24737.1)](https://www.ruh.nhs.uk/patients/patient_information/URO037_Bladder_Diary.pdf)
* [[Drinking for a Healthy Bladder Patient Information](https://bladderproblem.co.uk/assets/pdf/Drinking_for_a_Healthy_Bladder_PDF_%282022%29_Approved_300322.pdf)](file:///%5C%5Ctatooine%5CObsGynae%5CUROGYNAE%5CPatient%20Leaflets%5CHealthy%20drinking%20sheet%202020PDF-2.1.pdf)
 | Yes[ ]  | No[ ]  | n/a [ ]  |
| Details if necessary: |
| 1. Has the patient been given advice on bladder training?
* [Bladder Training Patient Information](https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Bladder%20training.pdf)
 | Yes[ ]  | No[ ]  | n/a [ ]  |
| Details if necessary: |
| 1. Has the patient trialled at least two overactive bladder (OAB) medications?
* [Guidelines for the Pharmacological Management of Overactive Bladder](https://bswtogether.org.uk/medicines/wp-content/uploads/sites/3/2022/06/OAB-guidance-minor-update-Feb-2022-FINAL.pdf)
* [BSW OAB Formulary](https://bswformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=7&SubSectionRef=07.04.02&SubSectionID=A100)
* [Overactive Bladder Patient Information](https://www.yourpelvicfloor.org/media/Overactive_Bladder_RV2.pdf)
 | Yes[ ]  | No[ ]  | n/a [ ]  |
| Details if necessary: |
| **To minimise delay to patients’ treatment and avoidable referrals to secondary care, if you have answered no to any of the above in Sections A or B, please consider whether a referral to Uro-Gynaecology is appropriate at this time. As most patients can be treated effectively with conservative management, if there is no evidence of these measures on your referral, we are likely to return your referral with advice to attempt these first.** |

|  |
| --- |
| **Medical Problems** |
|      <Problems><Summary> |

|  |
| --- |
| **Family History** |
|  |

|  |
| --- |
| **WHO Performance Status** |
| [ ]  **0 -** Fully active[ ]  **1 -** Able to carry out light work[ ]  **2 -** Up & about >50% of waking time | [ ]  **3 -** Limited to self-care, confined to bed/chair >50%[ ]  **4 -** No self-care, confined to bed/chair 100% |

|  |
| --- |
| **Allergies** |
| <Allergies & Sensitivities> |

|  |
| --- |
| **Medication** |
| **Acutes** | <Medication> |
| **Repeats** | <Repeat templates> |

|  |
| --- |
| **Blood Results** *(last 2m)* |
| **FBC** | <Numerics> | Hb <Numerics>, WCC <Numerics>, Plts <Numerics>, MCV <Numerics>, Neut <Numerics> |
| **UE** | <Numerics> | Na <Numerics>, K <Numerics>, Urea <Numerics>, Creat <Numerics>, eGFR <Numerics> |
| **LFT** | <Numerics> | ALT <Numerics>, Alk Phos <Numerics>, Bili <Numerics>, Alb <Numerics>, GGT <Numerics>, Serum globulin <Numerics>, Total Protein <Numerics> |
| **CRP** | <Numerics> | <Numerics> | **ESR** | <Numerics> |
| **TFTs** | <Numerics> | TSH <Numerics>, Free T4 <Numerics> | **INR** | <Numerics> |
| **Bone** | <Numerics> | Ca <Numerics>, Ca cor <Numerics>, Ca adj <Numerics>, Phos <Numerics> |
| **Iron** | <Numerics> | Ferritin <Numerics>, Iron Saturation <Numerics>, TIBC <Numerics>  |
| **Vitamins** | <Numerics> | B12 <Numerics>, Folate <Numerics> |
| **Lipids** | <Numerics> | Chol <Numerics>, LDL <Numerics>, HDL <Numerics>,Chol:HDL ratio <Numerics>, Tri <Numerics> |
| **Random Glucose** | <Numerics> | **Fasting Chol.** | <Numerics> |
| **Fasting Glucose** | <Numerics> | **HbA1c** | <Numerics> |

|  |
| --- |
| **Radiology** *(last 6m)* |
| <Arden's Ltd - Investigations: Radiology last 6m (view)> |

|  |
| --- |
| **Test Results Pending** |
| <Pathology & Radiology Requests> |

|  |
| --- |
| **Minimum Dataset** *(in last 6 months)* |
| **Blood pressure** | <Latest BP> | **BMI** | <Numerics> |
| **Heart rate** | <Numerics>, <Diagnoses> | **Smoking status** | <Diagnoses> |
| **Height** | <Numerics> | **Alcohol intake** | <Diagnoses>, <Numerics> |
| **Weight** | <Numerics> | **Exercise tolerance** |  |

|  |
| --- |
| **Referral Details** |
| Please refer via eRS – Gynaecology – Urogynaecology/Prolapse |