

Urology Outpatients Department

Nurse Led Service

Trial without catheter service (TWOC)

**TWOC** Referral Form

**Please complete all sections of this form otherwise it may be rejected**

|  |  |
| --- | --- |
| Hospital Number; |  |
| Patient Name; |  |
| Address; |  |
| Date Of Birth; |  |
| Telephone No; Mobile |  |
| Landline |  |
| Reason Why Patient was catheterised. |  |
| Date of catheterisation |  |
| When is appointment required |  |
| Date of discharge. |  |
| Past Medical History |  |
| Other Relevant Information. |  |
| CONSULTANT |  |
| Referring Doctor/Nurse |  |
| Bleep/Ex Number; |  |

**Please Circle as Appropriate**

|  |  |  |
| --- | --- | --- |
| Memory Problems | Yes | No |
| Confusion/Dementia | Yes | No |
| Poor Mobility | Yes | No |
| Is Patient able to walk to toilet | Yes | No |
| Is patient wheelchair bound | Yes | No |
| Does the patient need transport | Yes | No |
| Does the patient speak English? if not which language | Yes | No |

PTO

|  |
| --- |
| **Please do not give the patient a date for their appointment; this will be booked by the Clinic Staff when** **the referral is received**.  Please note we do not accept faxes this form needs to be sent electronically to; [urinarycatheter.referrals@stgeorges.nhs.uk](mailto:urinarycatheter.referrals@stgeorges.nhs.uk)  Once the referral letter is received, an appointment will be made and sent in the post.  Thank you  Trea Baker  CNS Urology Catheter Care  Room 14, Clinic D, OPD, Ground Floor, Lanesbrough Wing  Ext: 3264 Bleep: 7107 |

Criteria For referral

**IMPORTANT**

**If the patient; uses a wheelchair/Walking Frame/cannot transfer unaided or would be better seen at home please refer to the district nurses**

* Please ensure the patient is mobile and able to get to and from the toilet on their own.
* Should patients not be mobile? Please refer to the district nurses. You will need to send a letter to the GP and district nurses informing them of your request.
* Should the patient live a long way from St. Georges Trust. Please refer to their local hospital or TWOC service.
* All patients should be given a urinary catheter discharge pack and set up with a home delivery. (Fittleworth - 0800378413)