Oxford Health NHS
NHS Foundation Trust

REFERRAL FORM FOR CHILDREN'S COMMUNITY BLADDER AND BOWEL SERVICE

Please Print

<table>
<tr><td>Surname:</td><td>Forename:
Male/Female:
NHS Number</td></tr>
<tr><td rowspan="5">Address:

Post Code:</td><td>DOB:</td></tr>
<tr><td>Tel no:</td></tr>
<tr><td>Mobile no:</td></tr>
<tr><td>Other Tel no:</td></tr>
<tr><td>E-mail:</td></tr>
<tr><td>Parent/Carer

Relationship to child</td><td>Referral date:</td></tr>
<tr><td colspan="2">Referral made by: Designation:
Address.

Tel No.

Email</td></tr>
<tr><td colspan="2">G.P
Address:
Tel No:</td></tr>
<tr><td colspan="2">School Nurse:
Address:
Tel No:
E-mail:</td></tr>
<tr><td colspan="2">Paediatrician and other professionals involved.</td></tr>
<tr><td colspan="2">Respite – where/frequently</td></tr>
</table>

Child's Name:…….

Reason for referral, including diagnosis if known and relevant medical history:

……

……

……

……

Please include copies of relevant medical reports and contact details of other professionals involved. Please add any additional information.

Are the child and family able to attend a clinic appointment? YES ☐ NO ☐
If no then please give further information.

Is there any reason that the parents/guardians cannot complete a set of baseline charts. Please specify. YES ☐ NO ☐

Has this child been subject to the CAF/TAC process? YES ☐ NO ☐

Are the family known to Social Services? YES ☐ NO ☐

Are there any circumstances that may be of risk to a lone worker making a visit to this client's home? Yes ☐ No ☐ (if YES please give additional information)…….……..

June 2016

NB: PLEASE COMPLETE ALL OF THIS REFERRAL FORM BEFORE PASSING IT ON TO THE CHILDREN'S COMMUNITY BLADDER AND BOWEL SERVICE INCOMPLETE FORMS WILL BE RETURNED RESULTING IN DELAY OF THE REFERRAL PROCESS.

Please return form by post or email to:
childrensbladderandbowelservice@oxfordhealth.nhs.uk
Children's Community Bladder and Bowel Service.
Witney Community Hospital, Welch Way, Witney, Oxon. OX28 6JJ

Tel: 01865 904467

Please note we are no longer accepting referrals via Fax