**GUIDANCE TO COMPLETE CONTINENCE REFERRAL FORMS.**

**RESIDENTS WHO ARE IN RECEIPT OF CONTINENCE PRODUCTS/PADS AND THESE ARE NO LONGER MEETING RESIDENTS CURRENT CONTINENCE NEEDS.**

**REFERRAL FOR INITIAL CONTINENCE ASSESSMENT FOR RESIDENTS WHO ARE NOT IN RECEIPT OF CONTINENCE PRODUCTS**.

**COMPLETE ALL SECTIONS ON CONTINENCE SERVICE CARE HOME REFERRAL FORM.**

**CONTACT ADMIN HUB ON 01274 221167 TO ARRANGE TELEPHONE APPOINTMENT WITH ASSISTANT PRACTITIONER AND FAX OR EMAIL BLADDER DIARY AND BOWEL CHART TO THE CONTACT DETAILS PROVIDED ON THE REFERRAL FORM.**

**FIRSTLY COMPLETE ALL SECTIONS ON BLADDER DIARY AND BOWEL CHART – SEE GUIDANCE.**

**FAX OR EMAIL ALL COMPLETED DOCUMENTS TO CONTACT DETAILS PROVIDED ON REFERRAL FORM.**

**COMPLETE ALL SECTIONS ON BLADDER DIARY AND BOWEL CHART – SEE GUIDANCE NOTES.**