

If you have had bleeding from either your back or front passages please see your GP first

Please complete this form to refer yourself to the Joint Bladder & Bowel Clinic. Once completed the form can either be handed in or posted to the address below. You will be placed on the waiting list and the Clinic Administrator will contact you to offer you an appointment when one becomes available.

Today's Date	D	D	Μ	Μ	Υ	Υ	
Name							Home Tel No.
Date of Birth	D	D	Μ	Μ	Υ	Υ	☎ Work Tel No.
Address							Tel No.
Postcode							
GP Practice						GP	Name

Preferred method of contact : **Telephone** / **Post** (Please delete as appropriate)

Please give a brief description of why you want to attend the Joint Bladder & Bowel Clinic, giving details of the nature of your problem.

How long have you had a problem?
Have you been seen by any other hospital departments? If so, please give details.
Please tick if you experience any of these symptoms:
Leakage of urine when coughing/laughing
Leakage of urine with strong desire to pass urine
Unaware when urine is passed
Leaking of wind

Joint Bladder & Bowel Clinic SELF-REFERRAL FORM

Please send or hand complete form to the relevant clinic:

Aberdeen City

Joint Bladder & Bowel Clinic Physiotherapy Dept Aberdeen Health & Care Village 50 Fredrick Street Aberdeen AB24 5HY Tel: 01224 655577

Inverurie

Joint Bladder & Bowel Clinic Bladder & Bowel Specialist Service Inverurie Hospital Upperboat Road Inverurie AB51 3UL Tel: 01467 672748

Stonehaven

Joint Bladder & Bowel Clinic Physiotherapy Dept Kincardine Community Hospital Kirkton Road Stonehaven AB39 2NJ Tel: 01569 792021

Peterhead

Joint Bladder & Bowel Clinic Physiotherapy Dept Peterhead Community Hospital 21 Links Terrace Peterhead AB42 2XB Tel: 01779 482414

What Happens Next?

Once your form has been received by the Joint Bladder & Bowel Clinic you will be contacted to arrange an appointment that would be convenient for you.

Will the information that I have provided be shared with anyone else?

Sometimes we may need to contact your GP if we require further information to help to help you. If you are seen by the Nurse or the Physiotherapist at the Joint Bladder & Bowel Clinic your GP will be informed.

It is important that you **complete this form as fully as possible.** Please check over the information you have provided. Please note we cannot take responsibility for any information that has been withheld.

I agree that the information that I have provided in this form is accurate and may be shared with my GP.

I consent to relevant medical information being released from my GP if required.

Signature_____

Date_____

What should I do if my problem gets worse while I am waiting for an appointment? If you feel your problem is worsening and you have concerns about your problem then you should contact your GP

• or NHS24 - 🖀 111

Please note that if you have a bladder or bowel problem and have any bleeding from either your front or back passages then please see your GP first.