

# Joint Continence Clinic – City Hospital, Aberdeen

## SELF-REFERRAL FORM



**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 Continence 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

Name

☎ Home tel no.

Date of birth

☎ Work tel no.

Address

☎ Mobile 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 Continence Clinic, giving details of the nature of your problem.

How long have you had a problem? .....

Was it related to a specific event? .....

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
- Constipation

Please send or hand completed form to: **Joint Continence Clinic, Physiotherapy Dept, Links Urquhart Building, City Hospital, Park Road, Aberdeen, AB24 5AU.**

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If you have any queries please call: **01224 558250**. Please read the information on the back of this page.

### What Happens next?

Once your form has been received by the Joint Continence Clinic you will be contacted to arrange an appointment that would be convenient for you. The clinic is only open on a Thursday.

### 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 Continence 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 NHS 24 (08454 24 24 24)

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