



CONFIDENTIAL – PATIENT INFORMATION

COMMUNITY HEALTH
**NOCTURNAL ENURESIS
REFERRAL FORM**

Surname:

Given name:

UMRN:

Gender: DOB

Address:

Parent/Carer surname: Given name:

Phone: Mobile:

Interpreter required? ☐ Yes ☐ No Language:

Is the enuresis primary (i.e. never dry) or secondary in nature? Details:

Are there other current comorbidities? ☐ Yes ☐ No

Details:

Has the young person already been reviewed and treated by a consultant? ☐ Yes ☐ No

Details:

Are there any of the following features:

	Yes	No	Comments
• Day time wetting	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Continuous dribbling	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Poor urinary stream in male	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Dysuria	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Backache	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Excessive thirst (waking at night to drink)	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Recent onset of polyuria	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Unexplained fevers	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Constipation faecal incontinence or soiling	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Urinary urgency or frequency	<input type="checkbox"/>	<input type="checkbox"/>	_____

On Examination

Please detail all clinical information below prior to sending this form.

- Blood pressure: _____ / _____ Results of urinalysis: _____
- Abdominal examination: _____
- Perineal examination: _____

Is the young person's growth within the normal range? ☐ Yes ☐ No

Does the child have any significant psychosocial problems? ☐ Yes ☐ No

Details:

If the young person has any of these symptoms they must be referred to a Consultant Paediatrician for review before they can be waitlisted with the Enuresis Clinic

Referring doctor's name:

Address:

Signature: _____ Date: ____/____/____

Upon completion please scan referral and email to CACH.Enuresisprogram@health.wa.gov.au