



Nocturnal Enuresis Referral Form

The Child and Adolescent Community Health (CACH) Nocturnal Enuresis (Bedwetting) Program is a nurse-led initiative designed to help children and adolescents manage nighttime bedwetting. It uses a 'mat and alarm' and behavioural program to teach children to wake up when their bladder is full, aiming for 28 consecutive dry nights.

This program is best suited for children whose constipation, daytime bladder concerns, and sleep difficulties (if any) have already been addressed. Referrals for children where these conditions are not managed will not be accepted.

The program is available to children aged 5½ to 18 years.

Visit [Community Health - Bedwetting Program](#) for more information about the program.

Enquiries and completed referrals to: CACH.Enuresisprogram@health.wa.gov.au

Clients' details – * Must be completed (or use patient identification sticker)

Family name*: _____ Given name*: _____

Please list any other names this child has been known by: _____

Date of birth (dd/mm/yyyy)*: _____

Sex (as on birth certificate): Male Female Indeterminate

Address*: _____

Suburb and postcode: _____

Is the child of Aboriginal or Torres Strait Islander origin?

Yes, Aboriginal Yes, Torres Strait Islander No Unknown

Is the child under the care of Department of Communities? Yes No Unsure

Interpreter required? Yes No Language required: _____

Current school: _____ Year: _____

Parent/Caregiver 1 – * Must be completed

Relationship to child: Mother Father Other: _____

Title: _____ Family name*: _____ Given name*: _____

Phone*: _____ Email: _____

Parent/Caregiver 2 (if applicable)

Relationship to child: Mother Father Other: _____

Title: _____ Family name: _____ Given name: _____

Phone: _____ Email: _____

Do not write in margin

CHS150 NOCTURNAL ENURESIS REFERRAL FORM

Child's family name: _____ Given name: _____ DOB: _____

About the bedwetting – * Must be completed

1. Has the client ever been dry at night?*	<input type="checkbox"/> Yes (go to Q2)	<input type="checkbox"/> No (go to Q3)	
2. When did the bed wetting commence?	<input type="checkbox"/> < 6 months ago	<input type="checkbox"/> > 6 months ago	
3. How often does bedwetting occur each week?*	<input type="checkbox"/> 0-2 [†]	<input type="checkbox"/> 3-5	<input type="checkbox"/> 5 or more
[†] This program is not suitable for children who wet the bed less than twice per week.			
4. How many times a night does the bedwetting occur?*	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-7	<input type="checkbox"/> 7 or more [‡]
[‡] Bedwetting that occurs 7 times a night or more is less likely to resolve than infrequent bedwetting			

Other relevant information (for example: social, medical, health or family history).

Do not write in margin

IMPORTANT

The Nocturnal Enuresis Program is unable to accept referrals for children who have significant and unresolved issues such as severe constipation, daytime bladder dysfunction, or sleep disturbances. These conditions need to be appropriately managed before a child can be considered suitable for the program.

Referrer details

Referrer name: _____

Occupation: _____ Organisation: _____

Address: _____

Suburb and postcode: _____

Phone: _____ Email: _____

Submit completed referral to: CACH.Enuresisprogram@health.wa.gov.au

Please inform the family that a nurse from the Nocturnal Enuresis Program will be in contact within four weeks from the referral date.

Important note:

Before submitting a referral, please discuss the reason for referral and the program expectations with the parent or caregiver. Ensure they are informed that it is a mat and alarm program, and that while this is the most effective long-term treatment, it can be labour intensive.