



# Referral Form

## Cavan & Monaghan Enuresis Clinic - HSE Dublin NE

### ENURESIS CLINIC ACCESS CRITERIA:

1. Resident in Cavan and Monaghan Integrated Service Area, as defined by the Public Health Nurse.
2. Suffering from night-time bedwetting only. If there are also day time symptoms refer to hospital.
3. Being at least 7 years of age but not having reached their 16<sup>th</sup> birthday yet, at the time of the first clinic appointment.
4. A fully completed referral form using BLOCK CAPITALS, submitted by PHN, GP or parent, with the full consent of the parent and child.

Date of referral: ..... / ..... / ..... Referral made by: PHN / GP / Other .....

### PUBLIC HEALTH NURSE DETAILS:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: 1. (Landline) \_\_\_\_\_  
 2. (Mobile) \_\_\_\_\_

<i>For administrative use</i>		
<i>Referral received 1:</i>	<i>... / ... / 20 ...</i>	
<i>Referral forwarded:</i>	<i>... / ... / 20 ...</i>	
<i>Referral received 2:</i>	<i>... / ... / 20 ...</i>	
<i>Referral returned:</i>	<i>... / ... / 20 ...</i>	
<i>Chart received PCT:</i>	<i>... / ... / 20 ...</i>	
<i>Enuresis Clinic</i>	<i>Hospital Clinic</i>	<i>Referral Rejected</i>

### GENERAL PRACTITIONER DETAILS: (the GP will be informed of the referral in all cases)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

### CHILD'S DETAILS:

<b>Name:</b> _____	<b>Date of Birth:</b> ..... / ..... / .....
<b>Address:</b> _____ _____	
<b>Telephone:</b> 1. (Landline) _____ 2. (Mobile) _____	
<b>E-mail:</b> _____	
<b>Parent's name:</b> _____	<b>Medical Card No:</b> _____

### CLINICAL DETAILS:

What is the parent's main concern? \_\_\_\_\_  
 Number of dry nights per week (on average) \_\_\_\_\_ dry nights per week  
 Daytime symptoms: "Damp pants", wetting, frequency or urgency? NO / YES  
 Social issues of note: \_\_\_\_\_  
 Physical disorders? NO / YES / Details: \_\_\_\_\_  
 Developmental delay? NO / YES / Details: \_\_\_\_\_  
 Other agencies involved? NO / YES / Details: \_\_\_\_\_  
 Previous treatment tried? NO / YES / Details: \_\_\_\_\_

### PLEASE RETURN TO:

Cavan & Monaghan Enuresis Clinic, Cootehill Primary Care Team, Darley Health Centre,  
 Fairgreen, Cootehill, Co Cavan.