

Wiltshire Continence Service Referral - TWOC

## Patient Details:

<b>PATIENT ID STICKER</b>		<b>PATIENT GP DETAILS STICKER</b>			
<b>HOME TEL. NO:</b>					
<b>MOBILE NO:</b>					

<b>Referring Clinicians Name:</b> (Please PRINT)					
<b>Designation and Contact Details:</b>					
<b>Date of referral</b>					
<b>Type of Surgery/delivery (please circle)</b>	Normal delivery	Forceps delivery	Ventouse delivery	Elective LSCS	Emergency LSCS
<b>Date of delivery</b>					
<b>Analgesia in labour</b>	No analgesia	Diamorphine	Epidural	Spinal	Other-please state (ie pethidiene, codeine)
<b>Date and time catheter inserted, any previous TWOC's or reasons for failed TWOC etc.</b>					
<b>Please note any perineal trauma</b>					
<b>Length of 2<sup>nd</sup> stage</b>					
<b><u>Reason for referral:</u></b>					

**Relevant medical history: (eg. Urological or Gynaecological, etc. history )**

**Medication & Allergies:**

*Please fax to Wiltshire Continence Service on 01722 417854.*

*If you require any further information please contact us on 01722 323196.*

**Please inform your patient that TWOC's take place at Central Health Clinic, Salisbury, SP1 3SL**

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