

Alfred Sandringham Caulfield

Unit:.....

VIDEO URODYNAMICS REFERRAL

UR:

Family Name

Given Names

Date of Birth

Gender:

Male

Female

Dear Doctor Fonda/McKertich - Please organise urodynamics for the following client.

REASON FOR REFERRAL: (Please specify or attach copy of correspondence letter)

Bladder Problem (detail): _____

Reason for VUD'S: _____

Other (detail): _____

Medical/Surgical History (list): _____

CURRENT MEDICATION (list)

PREVIOUS INVESTIGATIONS and RESULTS

MSU _____
 RENAL TRACT U/S _____
 OTHER _____

Is the client aware of the referral? Yes No

Does the client need an interpreter? Yes No Language: _____

Does the client have a catheter Insitu? Yes No IDC/SPC

Does the client have a mobility issue? Yes No Specify: _____

Any cognitive / psychosocial problems? Yes No Specify: _____

Iodine / Contrast Allergy: Yes No Specify: _____

Other Allergies: Yes No Specify: _____

REFERRING DOCTOR NAME _____

ADDRESS _____

TELEPHONE _____ **DATE** / /

PROVIDER NO _____ **SIGNATURE** _____

Note: In order to proceed it is mandatory this referral is **signed by the referring doctor and the provider number included.** (This referral cannot be processed without this information)



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