

Joint Continence Clinic – City Hospital, Aberdeen

SELF-REFERRAL FORM



If you have had bleeding from either your back or front passages please see your GP first.

Please complete this form to refer yourself to the Joint Continence Clinic. Once completed the form can either be handed in or posted to the address below. You will be placed on the waiting list and the Clinic Administrator will contact you to offer you an appointment when one becomes available.

Today's Date:

Name:

Date of Birth:

Address:

Home Tel No:

Work Tel No:

Mobile Tel No:

GP Name:

GP Practice:

Preferred method of contact: **Telephone / Post** (Please delete as appropriate)

Please give a brief description of why you want to attend the Joint Continence Clinic, giving details of the nature of your problem.

How long have you had a problem? _____

Was it related to a specific event? _____

Have you been seen by any other hospital departments? If so, please give details.

Please tick if you experience any of these symptoms:

- Leakage of urine when coughing/laughing
- Leakage of urine with strong desire to pass urine
- Unaware when urine is passed
- Leaking of wind
- Constipation

Please send or hand completed form to: **Joint Continence Clinic, Physiotherapy Dept, Links Urquhart Building, City Hospital, Park Road, Aberdeen, AB24 5AU**

If you have any queries please call: 01224 558250