

**Appendix 1 (referral form for QEUH)**

**Clean Intermittent Self Catheterisation referral form for QEUH patients**

Patient details:

**Telephone:**

**Date:**

**Reason for referral**

**How many times a day is patient catheterising?**

Please ensure the NURSE/MIDWIFE registers the patient with Catheter Delivery Company, and has a discharge prescription completed.

Please ensure that you have instructed the patient that they MUST contact the Urogynaecology nurses on 0141 347 5299 the day following discharge (Monday-Friday) from 0800 – 0830 with all measured volumes including voided volumes and catheter measurement.