



HNEKids Paediatric Continence Service

Referral Criteria:

- For clients who reside within the Newcastle, Lake Macquarie and Port Stephens areas
- Children 3 years to 16 years of age (still at school)
- Treatment plan with GP in for 3 months or more

Referrals accepted from:

- Community GP
- Emergency Department
- Paediatrician
- Paediatric CNC, JHCH

Please note, a referral is required for all prospective clients

Referral Details

Interpreter required Language: _____

Given name: _____ Gender: _____

Surname: _____ Date of birth (DD/MM/YYYY): _____

Medicare number: _____ Ref: ____ Exp: _____

Aboriginality: _____

Parent/Guardian's full name: _____

Date of birth (DD/MM/YYYY): _____ Relationship to child: _____

Contact number: _____ E-mail: _____

Medical conditions / predisposing factors:

Main concerns:

Treatment provided (minimum 3 months treatment by GP required to refer):

Referring clinician:

Name: _____ E-Mail: _____

Phone: _____ Date: _____