

Referral Process

- On receipt of a referral, the Rochester Nurse will contact the referrer, if a joint visit is required, or will contact the patient to arrange a suitable time for a visit.
- The patient will be given a basic continence assessment, using an assessment tool.
- The nurse will discuss management options and appropriate products which may be suitable for the patient. The patient or their carer will then be taught how to use the product.
- Samples will be left with the patient and a follow-up arranged.
- On follow-up, compliance and acceptability is assessed, before offering the home delivery service.
- Further follow-up is arranged if needed or referral back, if the patient is not appropriate or could not tolerate/manage. A letter is written to the referrer with the outcome information.
- The customer care team then manage the onward supplies for the patient. The patient can contact our nurse advice line on 0808 168 4048 for ongoing advice and support.

You can refer a patient to a Rochester Nurse by the following methods:

Fax : completed referral form to 01903 875085

Phone : Script-easy on 0800 0121 699

Website : visit www.scripteasy.co.uk

Script-easy 
CONFIDENTIAL PRESCRIPTION DISPENSING SERVICE

FREEPHONE: 0800 0121 699
WEBSITE: WWW.SCRIPTEASY.CO.UK

FAX: 01903 875085
NURSE ADVICE LINE: 0808 168 4048

Referral Form

TEI 0800 0121 699

FAX 01903 875085



ABOUT YOU	
Date	Referrer/Nurse Name (print) Title
Hospital/Nursing Home/Health Centre Name	Work Address
Postcode	Telephone No.
Email address	
ABOUT THE PATIENT	
Resident/Patient Name	Patient Address
Date of Birth	
Telephone No.	Postcode
ABOUT THE GP	
GP's Name	GP Address
Postcode	Telephone No.
DETAILS	
<input type="checkbox"/> MS <input type="checkbox"/> Parkinson <input type="checkbox"/> Diabetic <input type="checkbox"/> CVA <input type="checkbox"/> Dementia	
Full Continence Assessment Caried Out	<input type="checkbox"/> Yes <input type="checkbox"/> No Date
Reason for Referral	<input type="checkbox"/> ISC <input type="checkbox"/> ISD <input type="checkbox"/> SHEATH <input type="checkbox"/> FEMSOFT <input type="checkbox"/> INDWELLING/SUPRAPUBIC
Does Patient Have Homecare Input	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Referral <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	Joint Visit <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Referral and Brief Summary	
Referrer's Signature	
Any Additional Information	
Name of Rochester Nurse	