**BOSS OF YOUR BLADDER [BOSS] PROGRAMME**

**NOCTURNAL ENURESIS [BEDWETTING] PROGRAMME**

**REFERRAL FORM**

**REFERRAL CRITERIA**

**(To be completed by a primary or secondary health provider)**

**REFERRAL FORM**

**(To be completed by a primary or secondary health provider)**

**Referrer’s Details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Designation:** |  |
| **Phone:** |  |
| **E-mail:** |  |
| **Address:** |  |
|  |

***Signature:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**FOR OFFICE USE ONLY:**

Date received:

**If the child or young person does not meet the above criteria, you should ask your GP to review what other options are available on the Map of Medicine.**

**[Please tick]**

|  |  |
| --- | --- |
|  | Eight years or older |
|  | No daytime wetting |
|  | No constipation/soiling |
|  | No abnormal urinalysis |
|  | No underlying organic cause |
|  | Has never been dry at night |

**If all the boxes above have been ticked, please return the completed referral form to:**

**BOSS Programme Co-ordinator**

***BEACON* Aotearoa**

**PO Box 211**

**Napier 4140**

***OR***

**E-mail: lisa.beaconaotearoa@gmail.com**

|  |  |  |
| --- | --- | --- |
| First name: |  | |
| Last name: |  | |
| DOB: |  | |
| Male[M] or Female [F]: |  | |
| Family agreed to referral? | YES / NO | |
| GP/Health Provider  [if different to referrer]: |  | |
|  |  | |
| Mother’s name: |  | |
| Father’s name: |  | |
| Caregiver’s name  [if different to parents above]: |  | |
| Address of person being referred: | | |
|  | | |
|  | | |
|  | | |
| **How can we contact the family during office hours?** | | |
| Name: | | |
| Phone: | | |
| Mobile: | | |
| E-mail: | | |
|  | | |
| **How many wet nights a week?** | | |
| **Has the child/young person ever been dry overnight?** | | YES / NO |
| **Previous treatments tried** *[please list]:* | | |
|  | | |
|  | | |
|  | | |
|  | | |
| **Is the child/young person’s growth normal?** | | YES / NO |
| Weight: | | |
| Height: | | |
| BP: | | |
| Urinalysis: | | |
| Any health/social concerns? *[please list and explain]* | | |
|  | | |
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| This is a great spot for a mission statement  **We are here to help! We work co-operatively with the individual and their family, caregivers, and medical professionals to achieve the goal of dry nights.**  **The BOSS Programme is co-ordinated by a trained professional who is in regular contact with the individual and their family and caregivers.**  **If the individual meets the referral criteria on the other page of this document, they will undertake a 12-week sensor and alarm-based programme.**  **The BOSS Programme costs $380-00 [plus GST] or $437-00 [GST inclusive]. This cost includes the hire of the Wet Stop Alarm which is required as part of the Programme. Weekly or fortnightly payment plans *may* be available if certain criteria is met.**  **FOR FURTHER INFORMATION ABOUT**  ***BEACON* AOTEAROA’S**  **BOSS OF YOUR BLADDER PROGRAMME**  **please contact:**  **BOSS Programme Co-ordinator**  ***BEACON* Aotearoa**  **PO Box 211**  **Napier 4140**  **Phone: 027 841-5530**  **E-mail: lisa.beaconaotearoa@gmail.com**  **Who are we?**  ***BEACON* Aotearoa is a values-based holistic disability service provider. It was originally set up to support families and organizations struggling to understand, and effectively support and manage, individuals diagnosed with Fetal Alcohol Spectrum Disorder [FASD].**  **We also support other individuals with a neuro-disability experiencing similar behavioural, adaptive and executive functioning, sensory dysfunction, and/or learning issues to that of FASD.**  **How can we help?**  **The BOSS of Your Bladder [BOSS] Programme was developed to address an issue commonly experienced by individuals with a neuro-disability.**  **However, you do not have to have a neuro-disability to use this programme and for it to be effective. It can be used by any individual who has struggled throughout their lives to sleep through the night without wetting the bed.**  **Nocturnal bed-wetting is considered quite normal up to the age of 5, and it is still relatively common up to the age of 10 affecting approx. 5% of individuals.**  **We know how night-time bedwetting can causes distress, low self-esteem, anger, shame, and confusion for the individual. We also recognize how it interferes with social opportunities like having sleepovers or going on camps, and how it can affect all members of the family.**  You can use this fresh, professional brochure just as it is or easily customize it.  On the next page, we’ve added a few tips (like this one) to help you get started. |  |  | **REFERRAL FORM**  **A Programme for children and adolescents experiencing**  **Nocturnal Enuresis**  **BE the**  **BOSS OF YOUR BLADDER!!**  Happy <strong>Boss</strong>'s Day! #blogger #ageofgrace #mineownboss #bloggerboss  ***BEACON* Aotearoa**  **Providing Practical Advice based on Real Experience**  http://www.soulreflectionscoaching.com/Lighthouse.jpg |
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