

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 **Pro-Motion Bowel Training [ProMPT] Programme** was developed to address bowel issues commonly experienced by individuals who have experienced trauma or who have a neuro-disability.

However, you do not have to have experienced trauma or have a neuro-disability to use this programme, and for it to be effective. It can be used by any child or adolescent who has problems with their bowel motions.

We know how problems with the bowel and bowel-related toileting can cause distress, low self-esteem, anger, shame, and confusion for the individual. It also affects behaviour.

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.

We are here to help! We work co-operatively with the individual and their family, caregivers, and medical professionals to achieve a healthy bowel.

The **ProMPT Programme** is co-ordinated by a trained professional who is in regular contact with the individual and their family and caregivers.

The **ProMPT Programme** costs \$380-00 [plus GST] or \$437-00 [GST inclusive]. This cost includes five appointments and on-going follow-up via e-mail or phone for a year.

Weekly or fortnightly payment plans are available if families meet certain criteria. They may also be able to obtain funding through WINZ.

We accept referrals from primary and secondary health providers, and self-referrals by parents/caregivers.

FOR FURTHER INFORMATION ABOUT

BEACON AOTEAROA'S

ProMPT PROGRAMME

please contact:

ProMPT Programme Co-ordinator

BEACON Aotearoa

PO Box 211

Napier 4140

Phone: 027 841-5530

E-mail: lisa.beaconaotearoa@gmail.com

PRO-MOTION BOWEL TRAINING!!



A Programme for children
and adolescents
experiencing bowel and
bowel-related toileting
problems



BEACON Aotearoa

Providing Practical
Advice based on Real
Experience

PRO-MOTION BOWEL [ProMPT] PROGRAMME

BOWEL AND BOWEL-TOILETING PROGRAMME REFERRAL FORM

REFERRAL CRITERIA

(To be completed by referrer)

[Please tick]

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 2 years and over |
| <input type="checkbox"/> | Constipation/bowel problems for ≥ 4 months despite treatment |
| <input type="checkbox"/> | No delay in passage of meconium |
| <input type="checkbox"/> | No underlying organic cause: e.g. coeliac disease, hypothyroidism, neuromuscular disorder |
| <input type="checkbox"/> | Physical examination by GP (e.g. perineal, spinal inspection) |

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

ProMPT Programme Co-ordinator
BEACON Aotearoa
PO Box 211
Napier 4140
OR
E-mail: lisa.beaconaotearoa@gmail.com

If the child or young person does not meet the above criteria, you should instead make a referral to the Community Paediatricians at your local District Health Board.

Referrer's Details:

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

Signature:

FOR OFFICE USE ONLY:

Date received:

REFERRAL FORM

(To be completed by referrer – Provide details about the individual who is being referred to the ProMPT Programme)

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:	
<u>Brief summary of bowel patterns/concerns:</u>	
<u>Previous treatments tried</u> [please list]:	
Is the child/young person's growth normal?	YES / NO
Weight:	
Height:	
BP:	
Urinalysis:	
<u>Any other health/social concerns?</u> [please list and explain]	