



GWH NHS FT Child Patient Requirement Form

Swindon Community Health Services. Strictly Confidential.



Great Western Hospitals
NHS Foundation Trust





Patient Type: Call Back Assessment Date:

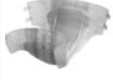
New Patient Re-Assessment Product Change Address Change Remove Stopped *Reason.....

***Please Note: The Reason code MUST be completed if patient is Stopped or Removed otherwise the form will be returned.**

Patient Details (please print)

Title..... Forename..... Surname..... DOB.....
 NHS Number..... Mobile No..... Tel No.....
 Names of Parents / Guardians.....
 Delivery Address..... Postcode.....
 Patient Address (Tick if same as above)..... Postcode.....
 Alternative Delivery Point.....
 Clinician name..... Role..... Contact details.....
 GP Practice..... Type..... Condition.....

Product Description	Size/Absorbency	Inner Packaging	Pads/24 Hours
Libero Nappies			
 Comfort 4	35-50cm 7-11kg	26	
Comfort 5	35-55cm 10-14kg	24	
Comfort 6	40-60cm 13-20kg	22	
Comfort 7	40-65cm 16-26kg	21	
TENA Slip Junior			
 Slip Junior	40-60cm 700ml	32	
TENA Comfort			
 Mini Super	400ml	28	
Normal	450ml	42	
Plus	650ml	46	
 Extra	800ml	46	
Super	950ml	28	

Product Description	Size/Absorbency	Inner Packaging	Pads/24 Hours
TENA Slip - BY AUTHORISATION ONLY			
 Extra Small	40-60cm 600ml	30	
Plus Small	50-80cm 700ml	30	
Plus Medium	70-110cm 900ml	30	
Plus Large	100-150cm 1000ml	30	
Super Small	50-80cm 750ml	30	
Super Medium	70-110cm 1000ml	28	
Super Large	100-150cm 1150ml	28	

Notes/Additional Requirements

For Continence Service signature

Authorised by:..... Date:

Patient advised of all relevant Data Protection information?