

Colchester Stoma Care GP Referral Form

Email when completed to colchesterstomacare@esneft.nhs.uk

Date: _____ Time: _____

Patient's Name: _____

NHS number: _____

Patients Telephone No. _____

Stoma Type: Ileostomy Colostomy Urostomy Other

Reason for referral:

- Stoma problems e.g leakage/sore skin
- New to area
- Over use of equipment
- General review
- Other _____

Relevant Past Medical/surgical History:

Stoma Prescription items: