



Acute Urinary Retention Referral Proforma

Date	History: Duration of symptoms _____ <hr/> Baseline LUTS Yes No Haematuria Yes No Painful retention? Yes No Precipitant (medication, alcohol etc.) _____ <hr/> Medications: _____ <hr/>
Addressograph	
Patient phone number:	

Catheter size	_____
Residual volume	_____
Date of catheter insertion	_____
Alpha blocker commenced	Yes No Date _____

Clinical parameters:	
BP _____	Haemoglobin _____
Pulse _____	Creatinine _____
Temp _____	WCC _____
	Urine culture _____

Referring doctor:
Contact number:
Referring consultant:
Referring hospital: