

# CONTINENCE MANAGEMENT PLANNER

YEAR \_\_\_\_\_

## Instructions for use:

- fill in the date of each consultation or phone call
- enter comments about what was said, tests done and when your next appointment is due, and especially results of any tests
- enter details of when your next appointment is due and if you have to call to make one
- enter details of any tests you need to have done at different places - i.e. pathology collection centre, XRay centre
- enter in at the correct date comments about any changes or problems - especially any pain, UTI, or changed continence details

SPECIALIST	NAME	TELEPHONE NUMBER
My local doctor/General Practitioner (GP)		
My Urologist		
My Continence Nurse/Stomal Therapist		
My Renal (kidney) specialist		
Spina Bifida Clinic contact details		
Other		
Other		

<b>JAN</b>		<b>COMMENTS</b>	<b>JULY</b>		<b>COMMENTS</b>
<b>FEB</b>		<b>COMMENTS</b>	<b>AUGUST</b>		<b>COMMENTS</b>
<b>MARCH</b>		<b>COMMENTS</b>	<b>SEPT</b>		<b>COMMENTS</b>
<b>APRIL</b>		<b>COMMENTS</b>	<b>OCT</b>		<b>COMMENTS</b>
<b>MAY</b>		<b>COMMENTS</b>	<b>NOV</b>		<b>COMMENTS</b>
<b>JUNE</b>		<b>COMMENTS</b>	<b>DEC</b>		<b>COMMENTS</b>