

Date:

To: Dr
GP Practice:

Request for G.P Authority - Catheterisation

Client First name:

Client Surname:

D.O.B:

Address:

Dear Dr.

We are requesting that Empower Healthcare - Home Nursing visit your client detailed above for Catheter changes and care.

To undertake the service, they will require an appropriate signed authority.

Could you please provide this including size, type, brand, frequency of changes, and action if blocked.

Alternatively complete and sign the form below and return directly to me.

Kind regards,

Medical Authority for Catheterisation

Client Details:

First Name				Last Name		
Date of Birth	DD	MM	YYYY	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F

Date of last catheter Insertion:

Type of catheter:

Intermittent Indwelling Suprapubic

Size of catheter:

Brand of catheter:

Frequency of regular changes:

Blocked catheters may be changed in the interim periods as necessary.

Lignocaine Gel may be used for male IDC and difficult SPC changes.

Additional information or Comments:

Doctor's Name	
Phone	
Provider Number	
Signature	<i>sign here</i>
Date	