

Referral to Peristeen Support Program

Please scan and email the completed form to peristeenau@coloplast.com

Patient Details
Name
Address
..... Post Code
Contact Number
Email
Best Time to Call

Referring Clinician's Details
Name
Address
..... Post Code
Contact Number
Email
Best Time to Call

Underlying condition leading to Peristeen use

When did the patient commence on Peristeen? Date Month Year

How much water are they currently using on each irrigation? mls

How often are they using Periseen?

Was there a Carer(s) trained or present? Yes No

If yes please provide details:

Name Relationship to patient

Name Relationship to patient

Who is the best contact to discuss Peristeen progress?

Additional relevant information

.....

.....

Consignment lot number

Signed by:

.....

Patient

.....

Referring Clinician

I consent to Coloplast using the information collected about this patient for the Peristeen Support Program

Privacy Statement and Consent

Coloplast Pty Ltd collects personal information about your patient, including information about their health or a relevant medical condition. The information we collect may be used to determine which Coloplast products and services are suitable for them and contacting them with further information about these products and services. If we do not collect this information from you, we may not be able to provide them with information about suitable Coloplast products and services. When we first speak to the patient, we will ensure that they also agree with this statement. Further detail about how we collect, use and disclose personal information is available in our Privacy Policy at www.coloplast.com.au/Global/Privacy-policy. You may also contact us on +61 9541 1111.

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