



True Friends
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Office Use Only
 Session _____
 Cabin _____
 Cabin Copy _____
 Nurse Copy _____

Catheter and Colostomy Information Questionnaire

To avoid service interruptions, we require this form to be on file before attending any True Friends program. Please plan to spend time with direct care staff and nurses to demonstrate/ assist with the first feeding/ medication.

Name: _____ Dates Attending: _____

Instructions For: (Check any that apply) Catheter _____ Type (Indwelling, external Ex. Condom): _____
 Ostomy _____ Type (Ileostomy Colostomy): _____

TO ENSURE CARE IS GIVEN IN THE MANNER IN WHICH THE PARTICIPANT IS ACCUSTOMED TO, INCLUDE COMPLETE INSTRUCTIONS FOR CLEANING, CHANGING, SKIN CARE and ANY OTHER INFORMATION:

BRING ALL SUPPLIES NEEDED FOR YOUR STAY INCLUDING ONE EXTRA DAY.

Does participant care for catheter/ostomy independently? _____ Needs assistance _____ Needs total help _____

How often does participant need to be cathed? _____

Date originally inserted/placed _____ When was the last time it was changed? _____

Average amount of urine collected during cathing: _____ 24-hour output _____

Steps on cathing care and cath: (position, supplies, cleaning technique)

1. _____
2. _____
3. _____
4. _____

Leg bag support

What time(s) is bag to be emptied? _____

How often is the bag changed? _____ Is bag changed before or after shower. _____

Steps on Ostomy care and Change: (position, supplies, cleaning technique)

1. _____
2. _____
3. _____
4. _____

Please use the back of this page for any additional information:

Person Completing Form _____ Relationship To Participant _____ Phone _____ Date _____