



Using the universally acknowledged W.C. signage, the Bladder and Bowel Just Can't Wait card provides you with the means to discreetly communicate your need for the toilet, removing any potential embarrassment you may have previously experienced whether at home, or abroad.

The Bladder & Bowel Community will manufacture, print, and post the Just Can't Wait card directly to you. Order your Just Can't Wait card by filling out the form below. Please ensure all fields are completed in the form below, failure to do so could result in a delay to your application being processed.

Alternatively, you can order your Just Can't Wait Card online at:

[www.bladderandbowel.org/help-information/just-cant-wait-card](http://www.bladderandbowel.org/help-information/just-cant-wait-card)

## Just Can't Wait Card Application Form

First Name:	Last Name:
<input type="text"/>	<input type="text"/>
Date of Birth:	Telephone Number:
<input type="text" value="/"/>	<input type="text"/>
Address:	
<input type="text"/>	
Postcode:	Email Address: *
<input type="text"/>	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

\*Please provide a valid email address in order to receive confirmation of your order

(Continued overleaf)

Do you require any of the following prescription products:

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Stoma     | <input type="checkbox"/> Sheaths                            |
| <input type="checkbox"/> Catheters | <input type="checkbox"/> Bowel or Rectal Irrigation Systems |

Do you suffer from any of the following bladder conditions?

- |  |   |
|--|---|
| <input type="checkbox"/> Frequency                               | <input type="checkbox"/> Cystitis                 |
| <input type="checkbox"/> Bladder Incontinence                    | <input type="checkbox"/> Bladder Cancer           |
| <input type="checkbox"/> Bladder Incontinence (After Childbirth) | <input type="checkbox"/> Urinary Tract Infections |
| <input type="checkbox"/> Urinary Incontinence in Children        | <input type="checkbox"/> Urine Retention          |
|  | <input type="checkbox"/> Overactive Bladder       |

Do you suffer from any of the following bowel conditions?

- |  |   |
|--|---|
| <input type="checkbox"/> Accidental Leakage from the Bowel | <input type="checkbox"/> Diverticular Disease |
| <input type="checkbox"/> Constipation                      | <input type="checkbox"/> Bowel Cancer         |
| <input type="checkbox"/> Diarrhoea                         | <input type="checkbox"/> Bowel Obstruction    |
| <input type="checkbox"/> Irritable Bowel Syndrome (IBS)    | <input type="checkbox"/> Fecal Impaction      |
| <input type="checkbox"/> Crohn's Disease                   | <input type="checkbox"/> Fecal Incontinence   |
| <input type="checkbox"/> Ulcerative Colitis                | <input type="checkbox"/> Short Bowel Syndrome |

Do you suffer from any of the following conditions?

- |   |   |
|---|---|
| <input type="checkbox"/> Dementia           | <input type="checkbox"/> Prostate Problems  |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Stroke             |
| <input type="checkbox"/> Parkinsons Disease | <input type="checkbox"/> Spina Bifida       |
|   | <input type="checkbox"/> Brain Injury       |

Please send your completed form to the following address:

**The Bladder & Bowel Community**  
7 The Court, Holywell Business Park, Northfield Road, Southam CV47 0FS

By completing and sending this form you agree to our terms and privacy conditions. A copy of these can be found on our website.