

URGENT REFERRAL FORM FOR SUSPECTED UROLOGICAL CANCERS

To make an urgent referral access the relevant appointment on e-referrals and ensure this form is completed and attached along with any relevant consultations and results

Patients with recurrent or persistent unexplained UTI where bladder cancer is suspected require a non-urgent referral to urology according to the new NICE guidelines for suspected cancer 2015 i.e. do not use this form. If you are concerned about using the non-urgent route you should liaise with your local specialist.

Please select which cancer is suspected:

Prostate	Bladder	Renal	Testicular	Penile
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PATIENT ENGAGEMENT – THIS IS A MANDATORY FIELD

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| 1. Has the patient been counselled regarding this referral as per the NICE guidelines i.e. advised why they have been referred to a cancer service and offered appropriate information including where to seek additional support? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no, please explain why: | |
| 2. Has the patient been advised that they need to be available <u>within</u> the next two weeks? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no, explain the reason why: | |
| 3. Have you ensured that the telephone contact details are correct? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

REFERRER'S DETAILS

Referring GP	GP Code:
Registered GP	
GP Address & postcode	
GP Tel. No.	
GP Fax. No.	
Date seen by GP:	Decision to refer date:

PATIENT DETAILS

Title & Surname	Forename(s)	
D.O.B.	AGE:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address		
Postcode	*Tel. No. (day)	Mobile Tel.
*Tel. No. (evening)	NHS No.	Hospital No.

CULTURAL, MOBILITY, IMPAIRMENT ISSUES

What is the patient's preferred first language?
Does the patient require Translation or Interpretation Services? YES <input type="checkbox"/> NO <input type="checkbox"/>
Please list any hearing or visual impairments requiring specialist help (Sign language, Braille, Loop Induction systems)
Is Disabled Access Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Is transport required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Ethnic Origin: Religion:
Is the patient from overseas? YES <input type="checkbox"/> NO <input type="checkbox"/> Is the patient a temporary visitor? YES <input type="checkbox"/> NO <input type="checkbox"/>

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PERFORMANCE STATUS – Please tick as appropriate

- 0: able to carry out all normal activity without restriction
- 1: restricted in strenuous activity but ambulatory and able to carry out light work
- 2: ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
- 3: symptomatic and in a chair or in bed for greater than 50% of the day but not bedridden
- 4: completely disabled; cannot carry out any self-care; totally confined to bed or chair.

Other significant information:

- Smoker
- Alcohol
- Occupational hazards – if ticked please describe

<p>Prostate Cancer Ensure that all available PSA values and MSU results are included in this referral</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 15%;">DATE</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>PSA Value ng/l</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	DATE					PSA Value ng/l					<p>Consider the impact of referring patients with significant co-morbidity and the very frail elderly as referral may not be appropriate. If in doubt consult your local specialist</p> <ul style="list-style-type: none"> Hard irregular prostate on DRE i.e. suspicion of malignancy Raised age-related PSA - UTI having been excluded <p>If PSA raised in context of UTI repeat PSA after 6 weeks to see if it is truly raised and that further investigations are required</p> <p>Age related cut-off measurements for PSA:</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
DATE												
PSA Value ng/l												

<p>Haematuria</p>	<p>For haematuria in men ensure prostate cancer has been excluded as a cause via DRE and PSA and include the findings. This will help ensure the patient is referred to the right cancer pathway and avoid delays.</p>
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<p>Bladder & Renal Cancers Ensure eGRF results are included with this referral</p>	<p>(45 and above) Unexplained visible haematuria and no UTI Visible haematuria that persists or recurs after successful treatment of UTI</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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<p>BLADDER</p>	<p>(60+ and above) Unexplained non-visible haematuria plus either</p> <ul style="list-style-type: none"> dysuria or raised WCC on blood test 	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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<p>TESTICULAR</p>	<p>Non painful enlargement or change in shape or texture of testis. Suspected testicular cancer on USS (report attached)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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<p>PENILE</p>	<p>Penile mass or ulcerated lesion where STD is thought to be unlikely or excluded as cause. A penile mass or ulcerated lesion persisting after treatment of STD Unexplained or persistent symptoms affecting foreskin or glans</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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Discussion with a specialist (for example, by telephone or email) should be considered if there is uncertainty about the interpretation of symptoms and signs, and whether a referral is needed. This may also enable the primary healthcare professional to communicate their concerns and a sense of urgency to secondary healthcare professionals when symptoms are not classical **[2015]**.

This is a free text box to facilitate any additional information which might not be in the main clinical record with regards to why you feel this patient may have cancer.

Please use this area during formatting on IT systems to upload a brief patient summary which may include: recent consultations, current diagnosis; past medical history; recent investigations; medication; any other fields which might be helpful to aid triage in secondary care.

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