**URGENT REFERRAL FORM FOR**

**SUSPECTED UROLOGICAL CANCERS**

(Including Prostate, Bladder, Renal, Testicular & Penile)

***PLEASE USE THE ELECTRONIC E-REFERRAL SYSTEM TO DIRECTLY BOOK APPOINTMENT – THE PROFORMA NEEDS TO BE ATTACHED TO THE UBRN WITHIN 24 HOURS***

Telephone Contact No. for Booking Queries: 0151 604 7720

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| **PATIENT ENGAGEMENT – THIS IS A MANDATORY FIELD** |
| 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?**

**If no, please explain why:** | Yes **☐** No **☐** |
| 1. **Has the patient been advised that they need to be available within the next four weeks?**

**If no, explain the reason why:** | Yes **☐** No **☐** |
| **3.** **Have you ensured that the telephone contact details are correct?** | Yes **☐** No **☐** |
| **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**☐** Female**☐** |
| **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 ☐ NO ☐ ………………………………………Please list any hearing or visual impairments requiring specialist help (Sign language, Braille, Loop Induction systems) ………………………………………………………………………………………………………Is Disabled Access Required? YES ☐ NO ☐ Is transport required? YES ☐ NO ☐ ……………………… Ethnic Origin: …………………………………. Religion: ……………………………………………………………..Is the patient from overseas? YES ☐ NO ☐ Is the patient a temporary visitor? YES ☐ NO ☐  |

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| **REFERRAL INFORMATION****Where relevant please ensure that you include PSA, eGFR, USS etc.*****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.*** |
| **Prostate Cancer**Ensure that all available PSA values are included in this referral | ***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**** Hard irregular prostate on DRE i.e. suspicion of malignancy

 * Raised age-related PSA UTI having been excluded

(If PSA raised in context of UTI repeat PSA after 6 weeks to see if it is truly raised and that further investigations are actually needed/necessary).*Age related cut-off measurements for PSA:**40-49 years >2.5ng/L; 50-59 years >3.5ng/L; 60-69 years >4.5nh/L; 70-79 years >0-6.5ng/L* | YES ☐ NO ☐ YES ☐ NO ☐  |
| **Haematuria**  | 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. |  |
| **Bladder & Renal Cancers** | (45 and above) Unexplained visible haematuria and no UTIVisible haematuria that persists or recurs after successful treatment of UTI | YES ☐ NO ☐ YES ☐ NO ☐ |
| **BLADDER** | (60+ and above)Unexplained non-visible haematuria plus eithero dysuriaor o raised WCC on blood test | YES ☐ NO ☐ YES ☐ NO ☐  |
| **TESTICULAR** | Non painful enlargement or change in shape or texture of testis. Suspected testicular cancer on USS (report attached) | YES ☐ NO ☐ YES ☐ NO ☐ |
| **PENILE** | 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 STDUnexplained or persistent symptoms affecting foreskin or glans | YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐  |
| 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. |