**Suspected Urological Cancer Referral Form**

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| **Patient Details** | | | |
| Surname: | | Date of Birth: | |
| Forename(s): | | Gender: | |
| Address (inc postcode): | | NHS Number: | |
| Telephone Numbers  **Please check tel no's with patient** | Tel No (Home): | Tel No (work): | Tel No (Mobile): |
| **GP Details** | | | |
| Referring GP: | | GP Tel No: | |
| Practice Name: | | Practice Email Address: | |
| Practice Address: | | Date of decision to refer: | |

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| **Patient Information** | | | |
| Does your patient have a learning disability? | | | YesNo |
| Is your patient able to give informed consent? | | | YesNo |
| Is your patient fit for day case investigation? | | | YesNo |
| If a translator is required, please specify language: | | | |
| Is patient on any of the following medications? | | | |
| Aspirin /Clopidogrel / other antiplatelet | YesNo | **If you have answered yes to any of these, please give details including indication on final page.** | |
| Warfarin / DOAC | Yes No |
| Insulin | Yes No |

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| **Frailty (Rockwood scale) – Please insert score according to graphic below:** |  |
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| Please confirm that the patient is aware that this is a suspected cancer referral:  Yes No |
| Date(s) that patient is unable to attend within the next two weeks:    *If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.* |

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| **Reason for Referral** |
| **All patients should meet NICE guidelines for suspected cancer 2015**  **Please detail your reasons for referring, presenting symptoms and your examination findings OR attach a referral letter containing these details.** |

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| **Referral Criteria** |
| **Prostate cancer**  prostate feels malignant on digital rectal examination (please complete PSA before referral).  *Features of malignancy include asymmetry, irregularity, nodules and differences in texture, e.g. firm or hard.*  or  OR PSA levels are above the age-specific reference range**in the absence of infection**.  ***The PSA test should be postponed for at least 4 weeks after treatment of a UTI.***  *In patients compromised by co-morbidities or with a <10 year life-expectancy, a discussion with the patient or carers and/or urologist may be more appropriate.*  *Radical curative treatment usually only appro*p*riate if life expectancy is >10yrs.*  Latest PSA level before referral       ng/ml Previous PSA readings:  **Age-specific PSA range may vary slightly according to the assay used, so please check with your local laboratory. As a guide, consider the following to be abnormal:**  40–49 years > 2.5 ng/L  50 – 59 years > 3.5 ng/L  60 – 69years > 4.5 ng/L  70yrs and older > 6.5 ng/L |
| **Bladder and Renal cancer**  *Menstruating females may have non-visible haematuria for 3 days prior to and 5 days post menstruation. Non-visible haematuria may also be present for 3 days post intercourse. Please exclude these prior to referral.*  ***Aged 45 and over*** and have:  unexplained visible haematuria without urinary tract infection ***or***  *Unexplained’ haematuria refers to patients who do not currently have conditions that can cause haematuria, e.g. urinary stone disease and UTI.*  visible haematuria that persists or recurs after successful treatment of urinary tract infection, or  ***Aged 60 and over*** and have unexplained non-visible haematuria with dysuria  *Unexplained’ haematuria refers to patients who do not currently have conditions that can cause haematuria, e.g. urinary stone disease and UTI.*  *Dysuria is defined as burning or discomfort in the urethra on voiding.*  ***Aged 60 and over*** and have unexplained non-visible haematuria with a raised white cell count on a blood test.  **Please provide: FBC (< 8 weeks old)**  *Unexplained’ haematuria refers to patients who do not currently have conditions that can cause haematuria, e.g. urinary stone disease and UTI.*  *A raised WCC is defined as >11 x 109/L*  A soft tissue mass identified on imaging thought to arise from the urinary tract.  **Please provide: FBC, U&E (including creatinine and eGFR) (< 8 weeks old)**  *This includes solid renal masses, complex renal cysts (i.e. cysts containing septa, calcification or soft tissue elements) and soft tissue bladder masses. This does not include distended bladders of urinary retention.* |

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| **Testicular cancer**  *Always perform transillumination to exclude benign epididymal cyst(s).*  **Refer on testicular 2ww**   * Non-painful enlargement or change in shape or texture of the testis   **Refer for 2ww Direct Access Ultrasound**   * *Swelling not clearly within the Testis on examination (it is unlikely to be a testicular tumour).* * *Men with unexplained or persistent symptoms in the testis* * *scrotal mass that does not transilluminate* * *body of the testis cannot be easily distinguished on examination (e.g. large hydrocele)* |
| **Penile cancer**  penile mass or ulcerated lesion, where a sexually transmitted infection has been excluded as a cause (consider)  *This includes progressive ulceration or a mass particularly in the glans penis or prepuce but can involve the skin of the penile shaft. Lumps within the corpora cavernosa not involving the penile skin are usually not cancer but indicate benign Peyronie’s disease, which does not require urgent or fast track referral.*  a persistent penile lesion after treatment for a sexually transmitted infection has been completed (consider)  unexplained or persistent symptoms affecting the foreskin or glans (consider).  *This does not include simple phimosis, fungal infections and balanoposthitis.* |
| **Additional Guidance**  Where referral guidance says ‘consider’ this means the patients symptoms indicate a < 3% risk of cancer and alternative diagnoses may be more likely. However, the proforma may still be used. |

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| **Clinical Summary** |
| **Clinical History (significant past and current medical history):** |
| **Current medication:** |
| **Blood Tests (if available – last 3 months):** |
| **Allergies:** |
| **Smoking:** |
| **BMI** (if available): |
| **Alcohol** (if available)**:** |
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| **For hospital to complete** UBRN:  Received Date: |