

Urology (including Prostate, Bladder, Renal, Testicular & Penile)

2ww referral form

April 2016 incorporating the 2015 NICE guidelines and guidance from Manchester Cancer Pathway Board

PATIENT DETAILS		GP DETAILS	
Name	Full Name	Registered GP	Registered GP Full Name
DOB	Date of Birth	Name of Referrer	Referring User
Address	Home Full Address (stacked)	Surgery	Usual GP Organisation Name Usual GP Full Address (stacked)
Tel No	Patient Home Telephone Patient Mobile Telephone	Tel	Usual GP Phone Number
NHS No.	NHS Number	Fax	Usual GP Fax Number
Email Address	Patient E-mail Address	Date	Short date letter merged

PATIENT ENGAGEMENT

Greater Manchester Hospital Trusts are continually reviewing their referral pathways to speed up diagnosis and deal with increasing demand. It is therefore likely that your patient will have investigations prior to having an appointment or during their first hospital visit. It is important that patients are aware of this and the reason for their referral.

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 <input type="checkbox"/>	No <input type="checkbox"/>
2.	Has the patient been advised that they need to be available within the next two weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ensured that the telephone contact details are correct? Landline number: Mobile number:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Is the patient fit for straight to test investigations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Is the patient capable of giving informed consent? *If No has the next of kin been asked to attend? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> *
6.	Is the patient taking anti-coagulants? *If Yes please give details:	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
7.	Is the patient diabetic? *If Yes is the patient taking metformin? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

CULTURAL, MOBILITY AND IMPAIRMENT ISSUES

1.	Does the patient require Translation or Interpretation Services? *If so, which language?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
2.	Please list any other impairments requiring specialist help:		

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REFERRAL INFORMATION

Please ensure that you include a PSA and USS if appropriate

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 give the patients eGFR (If not done within 3 months please check) Yes <input type="checkbox"/>	Single Code Entry: Glomerular filtration rate
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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	Yes <input type="checkbox"/>	No <input type="checkbox"/>
▪ Raised age-related PSA UTI having been excluded	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Consider the points below when interpreting PSA result

- Ask if any symptoms of UTI – dysuria/frequency – if present perform MSU and review with result.
- If proven UTI, delay PSA until 6 weeks after treatment.
- If patient has ejaculated within the previous 48 hours then delay the test for at least 48 hours.
- If no symptoms of UTI, test urine. If nitrites/leucocytes/blood then perform MSU and review with result.
If MSU negative then proceed with the test, if positive delay PSA testing until 6 weeks after treatment.

Rectal examination and exercise have minimal effect on PSA levels so perform PR examination before or after blood taken.

Age related cut-off measurements for PSA: 40-49 years >2.5ng/L; 50-59 years >3.5ng/L;
Please consult local guidance 60-69 years >4.5ng/L; 70-79 years >6.5ng/L

BLADDER AND RENAL CANCER (age 45 and above)

▪ Unexplained visible haematuria and no UTI	Yes <input type="checkbox"/>	No <input type="checkbox"/>
▪ Visible haematuria that persists or recurs after successful treatment of UTI	Yes <input type="checkbox"/>	No <input type="checkbox"/>

BLADDER CANCER (age 60 and above)

▪ Unexplained non-visible haematuria <u>plus</u> either:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
▪ Dysuria	Yes <input type="checkbox"/>	
▪ Raised white cell count on blood test	Yes <input type="checkbox"/>	

TESTICULAR

▪ Non painful enlargement or change in shape or texture of testis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
▪ Suspected testicular cancer on USS (report attached)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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PENILE

▪ Penile mass or ulcerated lesion where STD is thought to be unlikely or excluded as cause	Yes <input type="checkbox"/>	No <input type="checkbox"/>
▪ A penile mass or ulcerated lesion persisting after treatment of STD	Yes <input type="checkbox"/>	No <input type="checkbox"/>
▪ Unexplained or persistent symptoms affecting foreskin or glans		

HAEMATURIA

Refer patients under 45 with visible haematuria for non-urgent investigation.
 Refer patients with persistent non-visible haematuria for non-urgent investigation.
 Consider prostate cancer via DRE and PSA.

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 copy the most recent consultation if you think it might be helpful.

PATHOLOGY

Sodium	Single Code Entry: Serum sodium	Total Chol.	Single Code Entry: Serum total cholesterol level	WCC	Single Code Entry: Total white cell count
Potassium	Single Code Entry: Serum potassium	LDL Chol.	Single Code Entry: Serum LDL cholesterol level	Plat	Single Code Entry: Platelet count
Urea	Single Code Entry: Serum urea level	HDL Chol.	Single Code Entry: Serum HDL cholesterol level	MCV	Single Code Entry: Mean corpuscular volume (MCV)
Creatinine	Single Code Entry: Serum creatinine				
eGFR	Single Code Entry: Glomerular filtration rate	Billi	Single Code Entry: Serum bilirubin level		

Hb

Haemoglobin

ALT

ALT

Blood Gluc

Blood Glucose

Alk Phos

Alkaline Phosphatase

Diabetic Control

Please indicate if patient is stable and what management has been attempted:

HbA1C

Single Code Entry: Haemoglobin A1c level - IFCC standardised

Thyroid Function (if applicable)

T4 / TSH Test (to ensure this is not repeated unnecessarily in secondary care)

T4

Single Code Entry: Serum free T4 level

TSH

Single Code Entry: Serum TSH level

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HEALTH PROFILE

Weight

Weight

BMI

BMI

Smoking Status

Smoking

Alcohol Consumption

Alcohol Consumption

Last 5 BPs

Blood Pressure

ALLERGIES

Allergies

Single Code Entry: H/O: non-drug allergy

LONG TERM CONDITIONS

Co-Morbidities (NB 'not found' is where no diagnosis is recorded in the electronic primary care record)	Single Code Entry: Asthma
	Single Code Entry: Ischaemic heart disease
	Single Code Entry: Diabetes mellitus...
	Single Code Entry: Essential hypertension
	Single Code Entry: Epilepsy
	Single Code Entry: Cerebrovascular disease
	Single Code Entry: Parkinson's disease
	Single Code Entry: Senile dementia...
	Single Code Entry: Chronic obstructive pulmonary disease
	Single Code Entry: Chronic kidney disease stage 1 with proteinuria...
Single Code Entry: Neoplasms	

Significant Past Medical History / Ongoing General Health Issues / Surgery (include duration, frequency and characteristics e.g. nature and location of pain / problem and any associated symptoms)

CURRENT MEDICATION

Medication

CONTRACEPTION FOR FEMALE PATIENTS ONLY (please check medication screen for items that may not

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have filtered through)

Contraception manually added:

Contraception: Prescribed post-coital OCP...