**Pan London Suspected Urological Cancer Referral Form**

[Press the <Ctrl> key while you click here to view Pan London Suspected Cancer Referral Guidelines](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/general)

**REFERRAL DATE:** 

**This form should be used to refer a patient to their hospital of choice via E-referral (e-RS).**

**ALL suspected cancer referrals MUST be sent via e-RS within 24 hours.**

[Press the <Ctrl> key while you click to view a list of London hospitals](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/web/urology)   
***Please check on e-RS if a hospital can accept the referral***

**PATIENT DETAILS**

**SURNAME:**       **FIRST NAME:**       **TITLE:** 

**GENDER:**       **DOB:**        **AGE:****NHS NO:** 

**ETHNICITY:**        **LANGUAGE:** 

**INTERPRETER REQUIRED**  **TRANSPORT REQUIRED**

**PATIENT ADDRESS:**       **POSTCODE:** 

**DAYTIME CONTACT TEL:** 

**HOME TEL:**       **MOBILE TEL:**       **WORK TEL:** 

**EMAIL:** 

**CARER/KEY WORKER DETAILS**

**NAME:**       **CONTACT TEL:**       **RELATIONSHIP TO PATIENT:** 

**COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT**

**COGNITIVE**   **SENSORY**  **MOBILITY**   **DISABLED ACCESS REQUIRED**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**SAFEGUARDING**

**SAFEGUARDING CONCERNS**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**GP DETAILS**

**USUAL GP NAME:** 

**PRACTICE NAME:**       **PRACTICE CODE:**  

**PRACTICE ADDRESS:** 

**BYPASS TEL:** 

**MAIN TEL:**       **FAX:**       **EMAIL:** 

**REFERRING CLINICIAN:** 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CANCER TYPE SUSPECTED** | | | | | |
|  | **TESTICULAR** |  | **PROSTATE** |  | **BLADDER** |
|  | **RENAL** |  | **PENILE** |  | |

|  |  |
| --- | --- |
| **REASON FOR SUSPECTED CANCER REFERRAL**  [Press the <Ctrl> key while you click here to view Pan London Suspected Urological Cancer Referral Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/urology) | |
| **TESTICULAR CANCER** | |
|  | **A solid intra-testicular lump** |
|  | **Non-painful enlargement or change in shape or texture of the testis** |
|  | **Abnormal testicular ultrasound suggestive of cancer** |
| **PROSTATE CANCER** | |
|  | **Prostate feels malignant on digital rectal examination** |
|  | **PSA levels are above the London agreed age-specific reference ranges (please refer to referral guide in the green link above for the latest up to date PSA thresholds).** |
| **BLADDER CANCER** | |
|  | **Adults aged ≥45 with visible haematuria that persists or recurs after successful treatment of urinary tract infection** |
|  | **Adults aged ≥45 with unexplained visible haematuria without urinary tract infection** |
|  | **Adults aged ≥60 with unexplained non-visible haematuria and dysuria or a raised white cell count on a blood test** |
| **RENAL CANCER** | |
|  | **Abnormal ultrasound suggestive of renal cancer** |
|  | **Adults aged ≥45 with unexplained visible haematuria without urinary tract infection** |
|  | **Adults aged ≥45 with visible haematuria that persists or recurs after successful treatment of urinary tract infection** |
| **PENILE CANCER** | |
|  | **Penile mass or ulcerated lesion, where a sexually transmitted infection has been excluded** |
|  | **Persistent penile lesion after treatment for a sexually transmitted infection has been completed** |
|  | **Unexplained or persistent symptoms affecting the foreskin or glans** |
|  | **Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at time of referral)** |

**Additional clinical information:**

**Personal/relevant patient information:**

**Past history of cancer:**

**Relevant family history of cancer:**

|  |  |
| --- | --- |
|  | **I have discussed the possible diagnosis of cancer with the patient** |
|  | **The patient has been advised and confirmed they will be available for an appointment within the next two weeks** |
|  | **I have advised patient that they should prioritise this appointment. I have offered the pan London COVID -19 patient information leaflet. Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.**  [Press the <Ctrl> key while you click here to view the leaflet](https://www.healthylondon.org/resource/covid-19-cancer-referral-resources/) |
|  | **This patient has been added to the practice suspected cancer safety-netting system**  [Press the <Ctrl> key while you click here to view information on Cancer Safety Netting Systems](https://www.healthylondon.org/wp-content/uploads/2020/04/Key-safety-netting-messages-during-Covid-19-pandemic-Final-version-9th-April-2020-003.pdf) |

**INVESTIGATIONS**

**Please ensure this referral includes ALL the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below.**

**CLINICALLY-SPECIFIC AUTOMATIC TABULATED DATA**

**IMAGING STUDIES (in past 6 months) Please include date:**       **and location:**      

**RENAL FUNCTION (most recent recorded in past 6 months)**

**PSA (all recorded values)**

**CLOTTING/INR (most recent recorded in past 6 months)**

**FULL BLOOD COUNT (most recent recorded in past 6 months)**

**ROUTINE AUTOMATIC TABULATED DATA**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**

**OFFICE USE ONLY**