[**TOP TIPS**](https://www.healthylondon.org/wp-content/uploads/2022/11/Top-Tips-Suspected-Urology-Cancer-Referrals.pdf)  
**Urology 2ww referrals**

**Pan London Suspected UROLOGY Cancer Referral Form**

**Referral should be sent via e-RS with this form attached within 24 hours**

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| Surname: | First name: |
| Referral date: | NHS number: |
| Patient’s hospital of choice: [     ] [click here to access the hospitals directory](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/web/urology) | |

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| 1. **REASON FOR REFERRAL – ESSENTIAL**   [*See*Pan London Suspected Urology Cancer Referral Guide](https://www.transformationpartnersinhealthandcare.nhs.uk/usc-urological-cancer-clinical-guide/) | |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer:*** | |
| 1. **SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL** | |
| **Criteria for urgent referral: suspected PROSTATE CANCER** | |
| **SYMPTOMATIC:**  PSA level above age-specific reference ranges **and** UTI excluded  PSA levels remain above age-specific reference ranges 8 weeks **after** treatment for UTI  PSA level > 20 (even in presence of UTI)  Prostate feels malignant on digital rectal examination | |  |  | | --- | --- | | **Elevated Age Specific PSA Levels (NICE)** | | | **Age** | **PSA level** | | Below 40 | Use clinical judgement | | 40–49 | More than 2.5 | | 50–59 | More than 3.5 | | 60–69 | More than 4.5 | | 70–79 | More than 6.5 | | Above 79 | Use clinical judgement | |
| **Criteria for urgent referral: suspected BLADDER/RENAL CANCER** | |
| **Adults aged ≥45 with**:  Visible haematuria that persists or recurs after successful UTI treatment  Visible haematuria without UTI  Abnormal imaging suggestive of renal malignancy  **Adults aged ≥60:** with unexplained non-visible haematuria and dysuria or a raised white cell count on a blood test | |
| **Criteria for urgent referral: suspected 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 | |
| **Criteria for urgent referral: suspected 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 above criteria (full case description required in section 1)**  ***If the patient does not meet any specific criteria above, please consider the following alternatives:***  *• Obtain Advice & Guidance from specialist • Routine referral to Urology* | |

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| 1. **INVESTIGATIONS AND ACTIONS TO BE COMPLETED PRIOR TO REFERRAL – ESSENTIAL** | |
| ***GPs should arrange direct access investigations/ tests before referral, unless unavailable. Please confirm:***  **PROSTATE CANCER:**  Digital Rectal Examination  PSA, U&Es/eGFR within previous 3 months  Urine dipstick + MSU within previous 3 months  **BLADDER CANCER:**  FBC/U&Es/eGFR within previous 3 months  Ultrasound for non-visible haematuria  **RENAL CANCER:**  Ultrasound  FBC/U&Es blood tests within previous 3 months  **TESTICULAR:**  Ultrasound | |
| 1. **INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL** | |
| **WHO Performance status** | |
| **0** Fully active  **1** Restricted physically but ambulatory and able to carry out light work  **2** Ambulatory more than 50% of waking hours; able to carry out self-care  **3** Limited self-care; confined to bed or chair more than 50% of waking hours  **4** Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair | |
| Is the patient contraindicated for MRI (e.g. implanted device, claustrophobic)? Yes  No | |
| **Other access needs -** *please detail per the selected options in the field below* | |
| Is patient suitable for a telephone assessment consultation? Yes  No | |
| Interpreter required If Yes, Language:  Transport required  Wheelchair access required | Cognitive impairment including dementia  Learning disability ([see London LD contacts](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/learning-disabilities/publications/))  Mental health issues that may impact on engagement  SMI |
| Details of access needs and reasonable adjustments: | |

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| 1. **ADDITIONAL IMPORTANT CLINICAL INFORMATION** |
| Past history of cancer: |
| Relevant family history of cancer: |
| Safeguarding concerns: |
| Other relevant information about patient’s circumstances: |
| Patient referred/previously investigated for similar symptoms at other hospital/service?  No  Yes, please give details: |

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| I have discussed the **possible diagnosis of cancer** with the patient [(Patient Information Resources)](https://www.healthylondon.org/our-work/cancer/early-diagnosis/two-week-wait-referral-repository/suspected-cancer-referrals/patient-information-leaflets/) |
| I have advised the patient to **prioritise this appointment & confirmed they’ll be available within the next 14 days.** |
| The patient has been advised that the hospital care **may contact them by telephone** |
| Patient added to the practice **safety-netting system** and practice will review by DDMMYY *(manual entry)* |

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| 1. **REFERRER DETAILS** | |
| Usual GP name: | Referring clinician: |
| Practice code: | Practice address: |
| Practice name: | Email: |
| Main Tel: | Practice bypass number       ***(manual entry)*** |

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| 1. **PATIENT DETAILS** | |
| Surname: | First name: |
| NHS number: | Title: |
| Gender on NHS record: | Gender Identity:       ***(manual entry)*** |
| Ethnicity: | |
| DOB: | Age: |
| Patient address: | |
| Daytime contact Tel:       **Home:**       **Mobile:** | |
| Email: | |
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| **Carer/ key worker details:** | |
| Name: | Contact Tel: |
| Relationship to patient: |  |

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| 1. **CONSULTATIONS, PAST MEDICAL HISTORY, MEDICATIONS AND INVESTIGATIONS** | |
| ***Please note: You will need to add pending test results, requests and relevant excluded medical history (e.g. trans history, sexual health, private patients) manually in the text boxes below.*** | |
| Consultations: | |
| Medical history: | |
| Medication: | |
| Allergies: | |
| Imaging studies (in the past 12 months): Date:        Location: | |
| Renal function history (6 months): | |
| Prostate Specific Antigen (PSA) Test (All recorded values): | |
| Clotting/ INR history (6 months): | |
| U&Es/eGFR history (6 months): | |
| Full blood count history (6 months): | |
| Test results pending (type of investigation) :       Trust / Organisation:       Date: | |
| All Values and Investigations (in the past 6 months): | |
| BMI (latest): |
| Weight (latest): |
| Blood Pressure (latest): |
| Safeguarding history: | |
| Learning disability: | |
| Use of wheelchair: | |
| Accessible Information Needs (AIS): | |