**BNSSG URGENT Suspected UROLOGY Cancer Referral Form**

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

Please ensure all fields are completed, this will help ensure the patient is seen in the most appropriate clinic and in a timely way. Requesting additional information can delay appointments.

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| Referral date: **Short date letter merged** | Patient’s hospital of choice: [     ] |
| 1. **REFERRER DETAILS – ESSENTIAL**
 |
| Usual GP name: **Free Text Prompt** | Referring clinician: **Free Text Prompt** |
| Practice code:       | Practice address: **Organisation Full Address (stacked)**  |
| Practice name:       | Email: **Organisation E-mail Address** |
| Main Tel: **Organisation Telephone Number** | Practice bypass number       ***(manual entry)*** |

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| 1. **PATIENT DETAILS - ESSENTIAL**
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| Surname: **Surname** | First name: **Given Name** |
| NHS number: **NHS Number** | Title: **Title** |
| Gender on NHS record: **Gender(full)**  | Gender Identity: **Free Text Prompt** ***(manual entry)*** |
| Ethnicity:       | Hospital No.: **Hospital Number** |
| DOB: **Date of Birth**  | Age:       |
| Patient address: **Home Full Address (stacked)** |
| Daytime contact Tel:       **Home:** **Patient Home Telephone** **Mobile:** **Patient Mobile Telephone** *Please check telephone numbers* |
| Email:       |
| Does the patient have the capacity to consent? Yes [ ]  No [ ]   |
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| **Carer/ key worker details:** |
| Name:         | Contact Tel:        |
| Relationship to patient:       |  |

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| 1. **REASON FOR REFERRAL – ESSENTIAL**

Please see [BNSSG Remedy for Urology USC guidance](https://remedy.bnssg.icb.nhs.uk/urgent-suspected-cancer-usc/urology-usc-2ww/).  |
| ***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**
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| [ ]  **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 examinationPlease see Remedy guidance on raised PSA in men >80, men with a <10y life expectancy and interpretation of PSA in men on finasteride. |

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| **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 |

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| [ ]  **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** |
| **Please refer straight to ultrasound on NBT ICE where patients will be scanned in USC pathway slots.**[ ] 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**
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| ***Please arrange direct access investigations/ tests before referral, unless unavailable:*** **PROSTATE CANCER:** [ ]  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 **RENAL CANCER:** [ ]  FBC/U&Es blood tests within previous 3 months**TESTICULAR:** Refer straight to test on NBT ICE |
| 1. **INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL**
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| **Rockwood Frailty Score** |
| [ ]  **1** Fully active; Robust, active, energetic and motivated. Among the fittest for their age.[ ]  **2** Well; no active disease symptoms, less fit than category one[ ]  **3** Managing well; Medical problems are well controlled, not active beyond routine walking.**[ ]  4** Vulnerable; Not dependent on others for daily help, often symptoms limit activities**[ ]  5** Mildly frail; slowing and need help with high order IADLs[ ]  **6** Moderately frail; need help with all outside activities and with keeping house inside.[ ]  **7** Severely frail; completely dependent for personal care**[ ]  8** Very severely frail; completely dependent, approaching the end of life.**[ ]  9** Terminally ill |
| 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[ ]  Mental health issues that may impact on engagement |
| Details of access needs and reasonable adjustments:       |

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| 1. **ADDITIONAL IMPORTANT CLINICAL INFORMATION**
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| 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  |
| [ ]  I have provided the patient the urgent fast track referral leaflet [(Patient Information & Safety Netting)](https://remedy.bnssg.icb.nhs.uk/urgent-suspected-cancer-usc/patient-information-safety-netting/) |
| [ ]  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** |
| If any of the 5 boxes above are not ticked, please provide an explanation:       |

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| 1. **CONSULTATIONS, PAST MEDICAL HISTORY, MEDICATIONS AND INVESTIGATIONS**
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| ***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: Consultations |
| Medical history:       |
| Medication: Medication |
| Allergies: 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): BMI |
| Weight (latest):       |
| Blood Pressure (latest):       |
| Safeguarding history:       |
| Alcohol consumption (units per week): Alcohol Consumption |
| Smoking status: Smoking |