**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** | |
| 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** | |
| **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  Please see Remedy guidance on raised PSA in men >80, men with a <10y life expectancy and interpretation of PSA in men on finasteride. | |  |  | | --- | --- | | **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** | |
| **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** | |
| ***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** | |
| **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** |
| 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** |
| ***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 |