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| **Suspected Cancer Referral Form: Urology** | | |
| [**Please refer to the Frimley Health Suspected Cancer Guidelines before completing this form.**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1047) | | |
| To make a referral via eRS please use: | Speciality: **2WW** Clinic Type: **2WW** Urology | |

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| **Date of Decision to Refer:** | |  | |
| **Trust name:** | | |  |
|  | Frimley Health NHS Foundation Trust | |  |

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| **Patient details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | |  | | | | | | First name: | | | | | | | | |  | | | | | | | | | | | | | | | | Title: | | | | | | | | |  | | | |
| Sex assigned at birth: | | | | | | |  | | | | | | DOB: | | | | | | | | |  | | | | | | | | | | | | | | | | NHS number: | | | | | | | | |  | | | |
| Ethnicity: | | | | | | |  | | | | | | Interpreter required: | | | | | | | | |  | | | | | | | | | | | | | | | | Language: | | | | | | | | |  | | | |
| Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel. home: | | | | | | |  | | | | | | | | | | | | | | | Tel. mobile: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | Preferred contact | | | | | | | | | | | | | | | | | | | | |  | | | Preferred contact | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GP practice details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Usual GP Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | |  | | | | | | | | | Practice name: | | | | | | | |  | | | | | | | | | | | | | | Practice code: | | | | | | |  | | | | | | |
| Tel. main line: | | | | | |  | | | | | | | | | | | | | | | | | Tel. direct line: | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Referring clinician: | | | | | |  | | | | | | | | | | | | | | | | | Practice Email: | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Patient engagement and availability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The possibility that the diagnosis may be cancer has been discussed with the patient | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The patient has been offered a [suspected cancer referral leaflet](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1048) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The patient has been informed that they could be contacted at any time within the next 28 days and availability/attendance is strongly advised | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Please note any dates the patient is NOT available for an appointment (virtual or face to face) in the next 28 days: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Patient's WHO Performance Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Grade** | | Explanation of activity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **0** | | Fully active, able to carry on all pre-disease performance without restriction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **1** | | Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **2** | | Ambulatory and capable of self-care, but unable to carry out work activities. Up and active 50% of waking hours. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **3** | | Capable of only limited self-care. Confined to bed or chair 50% of waking hours. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **4** | | Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please detail any Cognitive/sensory/mobility impairment/learning disability if known:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Carer/Keyworker name** | | | | | | | | | |  | | | | | | | | | | | **Contact details** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Relationship to Patient** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is transport likely to be required? | | | | | | | | | | | | | | Y | | |  | | N | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Clinical Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Weight** | | | | |  | | | | | | | **Height** | | | | | | | |  | | | | | | | | | | | | | | | **BMI** | | | | | | | | | | |  | | | | |
| **Smoker /**  **ever smoked** | | | | |  | | | | | | | | | | | | | | | **Alcohol units** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Cancer type suspected:** [**Guidance**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1047) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Prostate | | | | | |  | Bladder | | | | | | |  | | Renal | | | | | | | | | |  | | | Testicular | | | | | | | | | | | |  | | Penile | | | | | |
| **Reason for suspected cancer referral** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [**Prostate**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1047) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | PSA levels are above the NICE agreed [age-specific reference ranges](https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-organised-by-site-of-cancer#urological-cancers) OR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Prostate feels malignant on digital rectal examination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Click here](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1047) for guidance on when to consider a PSA test. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NICE PSA AGE-SPECIFIC THRESHOLDS (ISSUED 2022)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AGE (years)** | | | | | | | | | | | | | | | | | | | | | **PSA VALUE (ng/ml)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <40 | | | | | | | | | | | | | | | | | | | | | Use clinical judgement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40-49 | | | | | | | | | | | | | | | | | | | | | ³2.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50-59 | | | | | | | | | | | | | | | | | | | | | ³3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60-69 | | | | | | | | | | | | | | | | | | | | | ³4.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70-79 | | | | | | | | | | | | | | | | | | | | | ³6.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| >79 | | | | | | | | | | | | | | | | | | | | | Use clinical judgement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **NOTE:** PSA may be raised in the presence of urinary infection, prostatitis or benign prostatic hypertrophy, and may also be elevated following vigorous exercise, ejaculation or prostate stimulation (e.g. prostate biopsy, anal intercourse).  Avoid vigorous exercise and/or ejaculation 48hours before a PSA test and exclude a UTI.  **NOTE:** Patients with a PSA >30ng/ml with a positive dip/MSU but in the absence of a symptomatic UTI should be referred. If the patient is symptomatic please treat and repeat the PSA in 6-8 weeks and re-consider referral.  **NOTE:** for patients on 5 Alpha-reductase Inhibitors e.g. Finasteride, PSA values should be doubled on interpretation.  **NOTE:** Urgent Suspected Prostate Cancer Referrals should be made on the basis of NICE PSA age specific thresholds and not Free/Total ratio. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [**Bladder**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1047)Adults aged ³45 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | with visible haematuria that persists or recurs after successful treatment of urinary tract infection OR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | with [unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) visible haematuria without urinary tract infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Adults aged ³60 years with [unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) non-visible haematuria and either dysuria or a raised white cell count on a blood test | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| [**Renal**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1047)  Adults aged ³45 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | with visible haematuria that persists or recurs after successful treatment of urinary tract infection OR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | with [unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) visible haematuria without urinary tract infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Abnormal ultrasound suggestive of renal cancer\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| [**Testicular**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1047) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | A solid intra-testicular lump/non painful enlargement/change in shape or texture of Testis AND/OR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Abnormal testicular ultrasound suggestive of cancer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| [**Penile**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1047) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Penile mass or ulcerated lesion, where a sexually transmitted infection has been excluded | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | [Persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) penile lesion after treatment for a sexually transmitted infection has been completed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | [Unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) or [persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) symptoms affecting the foreskin or glans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | \*Soft tissue mass found on imaging arising from urinary tract (report attached) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *This includes solid renal masses, complex renal cysts (i.e. cysts containing septa, calcification or soft tissue elements) and soft tissue bladder masses.*  *This does not include distended bladders of urinary retention.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Referral is due to CLINICAL CONCERNS that do not meet NICE/SSCA referral guidance.  Please include any additional clinical concerns: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Investigations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood Test (less than 12 weeks old) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | U&E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Urinalysis/MSU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | PSA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FOR ALL RECENT INVESTIGATIONS, ESPECIALLY THOSE DONE IN THE COMMUNITY SETTING, INCLUDE REPORTS (AND IMAGES) WHERE AVAILABLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Suitability For Telephone Triage / ‘STRAIGHT TO TEST’ Pathway** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Y** | | |  | | **N** | |  | | | **Don’t know** | | | | | | | | | | | |
| **Additional Clinical Information/referral letter**  **If this case has been discussed with the secondary care clinical team, please specify with whom, when and advice given:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Patient summary to include recent consultations; past medical history; recent investigations; recent blood test results; current, acute and repeat medication last 6 months** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select if Yes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Is the patient anticoagulated? | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | Warfarin | | | | | | |  | | Aspirin | | | | | |  | | DOAC |
|  | | Others please specify | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Past Medical History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Recent Investigations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Recent blood test results** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Medication** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Repeats | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Known Allergies:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **If eRS is not available or in business continuity please use relevant trust email address for urgent suspected cancer referral** |

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| **Accessible Information Needs (AIS):** |  |

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| Developed in collaboration with NHS Surrey and Sussex Cancer Alliance |