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## PAN LONDON SUSPECTED UROLOGICAL CANCER REFERRAL FORM

Press the <Ctrl> key while you click here to view Pan London Suspected Cancer Referral Guidelines

REFERRAL DATE:

**E-referral is the preferred booking method for suspected cancer referrals.**

**If this is not available please email the referral.**

**Fax is no longer supported due to patient safety and confidentiality risks.**

**All referrals should be made within 24 hours.**

Press the <Ctrl> key while you click here to view the list of hospitals you can refer to

**Copy the hospital details from the webpage and paste them onto the line below.**

### PATIENT DETAILS

SURNAME: FIRST NAME: TITLE:

GENDER: DOB: AGE: NHS NO:

ETHNICITY: LANGUAGE:

☐ INTERPRETER REQUIRED ☐ TRANSPORT REQUIRED

PATIENT ADDRESS: POSTCODE:

DAYTIME CONTACT:

HOME: MOBILE: WORK:

EMAIL:

### CARER/KEY WORKER DETAILS

NAME: CONTACT: 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:

MAIN: FAX: EMAIL:

REFERRING CLINICIAN:

Error: Reference source not found Error: Reference source not found DOB:Error: Reference source not found NHS no:Error: Reference source not found

<b>CANCER TYPE SUSPECTED</b>		
<input type="checkbox"/> TESTICULAR	<input type="checkbox"/> PROSTATE	<input type="checkbox"/> BLADDER
<input type="checkbox"/> RENAL	<input type="checkbox"/> PENILE	

<b>REASON FOR SUSPECTED CANCER REFERRAL</b>  Press the <Ctrl> key while you click here to view Pan London Suspected Urological Cancer Referral Guide
<b>TESTICULAR CANCER</b> <input type="checkbox"/> A solid intra-testicular lump <input type="checkbox"/> Non-painful enlargement or change in shape or texture of the testis <input type="checkbox"/> Abnormal testicular ultrasound suggestive of cancer
<b>PROSTATE CANCER</b> <input type="checkbox"/> Prostate feels malignant on digital rectal examination <input type="checkbox"/> PSA levels are above the British Association of Urological Surgeons (BAUS) age-specific reference range
<b>BLADDER CANCER</b> <input type="checkbox"/> Adults aged $\geq 45$ with visible haematuria that persists or recurs after successful treatment of urinary tract infection <input type="checkbox"/> Adults aged $\geq 45$ with unexplained visible haematuria without urinary tract infection <input type="checkbox"/> Adults aged $\geq 60$ with unexplained non-visible haematuria and dysuria or a raised white cell count on a blood test
<b>RENAL CANCER</b> <input type="checkbox"/> Abnormal ultrasound suggestive of renal cancer <input type="checkbox"/> Adults aged $\geq 45$ with unexplained visible haematuria without urinary tract infection <input type="checkbox"/> Adults aged $\geq 45$ with visible haematuria that persists or recurs after successful treatment of urinary tract infection
<b>PENILE CANCER</b> <input type="checkbox"/> Penile mass or ulcerated lesion, where a sexually transmitted infection has been excluded <input type="checkbox"/> Persistent penile lesion after treatment for a sexually transmitted infection has been completed <input type="checkbox"/> Unexplained or persistent symptoms affecting the foreskin or glans
<input type="checkbox"/> Referral is due to <b>CLINICAL CONCERNS</b> that do not meet NICE/pan-London referral criteria (the GP <b>MUST</b> give full clinical details in the 'additional clinical information' box at time of referral)

**Additional clinical information:**

**Personal/relevant patient information:**

Pan London Suspected Urological Cancer Referral Form

Page 2 of 4

(Version: Pan London changes MSW v5.1; 17/11/2017)

Error: Reference source not found Error: Reference source not found DOB:Error: Reference source not found NHS no:Error: Reference source not found

**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 counselled the patient regarding the referral process and offered the pan-London 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

☐

**This patient has been added to the practice suspected cancer safety-netting system**

Press the <Ctrl> key while you click here to view Pan London Practice-based Suspected Cancer Safety Netting System

## **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.

**IMAGING STUDIES (in past 3 months)** Please include date: and location:

**RENAL FUNCTION (most recent recorded in past 3 months)**

**PSA (all recorded values)**

**CLOTTING/INR (most recent recorded in past 3 months)**

**FULL BLOOD COUNT (most recent recorded in past 3 months)**

Pan London Suspected Urological Cancer Referral Form

Page 3 of 4

(Version: Pan London changes MSW v5.1; 17/11/2017)

Error: Reference source not found Error: Reference source not found DOB:Error: Reference source not found NHS no:Error: Reference source not found

## **MEDICAL HISTORY**

## **ALLERGIES**

## **MEDICATION**