**Pan London Suspected Urological Cancer Referral Form**

[Press the <Ctrl> key while you click here to view Pan London Suspected Cancer Referral Guidelines](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/general)

**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](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/web/urology)

**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:**

|  |
| --- |
| **CANCER TYPE SUSPECTED**  |
| [ ]  | **TESTICULAR** | [ ]  | **PROSTATE** | [ ]  | **BLADDER**  |
| [ ]  | **RENAL** | [ ]  | **PENILE** |  |

|  |
| --- |
| **REASON FOR SUSPECTED CANCER REFERRAL**[Press the <Ctrl> key while you click here to view Pan London Suspected Urological Cancer Referral Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/urology) |
| **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** |
| **PROSTATE CANCER** |
| [ ]  | **Prostate feels malignant on digital rectal examination** |
| [ ]  | **PSA levels are above the British Association of Urological Surgeons (BAUS) age-specific reference range** |
| **BLADDER CANCER** |
| [ ]  | **Adults aged ≥45 with visible haematuria that persists or recurs after successful treatment of urinary tract infection** |
| [ ]  | **Adults aged ≥45 with unexplained visible haematuria without urinary tract infection** |
| [ ]  | **Adults aged ≥60 with unexplained non-visible haematuria and dysuria or a raised white cell count on a blood test** |
| **RENAL CANCER** |
| [ ]  | **Abnormal ultrasound suggestive of renal cancer** |
| [ ]  | **Adults aged ≥45 with unexplained visible haematuria without urinary tract infection** |
| [ ]  | **Adults aged ≥45 with visible haematuria that persists or recurs after successful treatment of urinary tract infection** |
| **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 NICE/pan-London referral criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at time of referral)** |

**Additional clinical information:**

**Personal/relevant patient information:**

**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](https://www.healthylondon.org/cancer/suspected-cancer-referrals/patient-information-leaflets) |
| [ ]  | **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](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/safetynetting) |

**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.**

**CLINICALLY-SPECIFIC AUTOMATIC TABULATED DATA**

**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)**

**ROUTINE AUTOMATIC TABULATED DATA**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**

**OFFICE USE ONLY**