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| 2 week Urology Cancer Referral Form | H:\Clinical Networks & Senate\Admin\Templates & Logos\Network & Senate\Logos\Logo - SCN Black & White - 2 lines.jpg |

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| **The 2 week wait cancer pathway should not be used for fast track assessment of benign urological problems. All patients referred under 2ww suspected cancer rules who do not have cancer will be excluded from the 2ww cancer pathway and ongoing management will be according to local policy.**  **RECEIVING TRUST** (please X box)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | City Hospitals Sunderland |  | County Durham & Darlington |  | Gateshead Health |  | | Newcastle Hospitals |  | North Cumbria |  | North Tees & Hartlepool |  | | Northumbria Healthcare |  | South Tees |  | South Tyneside |  | | | | | | | | | | | |
| **PATIENT DETAILS** (please X boxes): | | | | | | | | | | |
| Name:  Gender: | | | | DOB:  Age: | | | | | | |
| Address: | | | | Tel no (home):  Tel no (work): | | | | | | |
| NHS no: | | | | Hospital no: | | | | | | |
| Has the patient previously visited this hospital: Yes  No  Interpreter required? Yes  No | | | | | | | | | | |
| First language: | | | | | | | | | | |
| **REFERRAL INFORMATION** (please X boxes): | | | | | | | | | | |
| **Suspected Cancer:** | | Penis  Prostate | | | Bladder  Testis | | | Kidney  Other | | |
| **Indications:** | | | | | | | | | | |
| Visible haematuria | | | | | | | | | | |
| Non-visible haematuria– AGED 40 AND ABOVE | | | | | | | | | | |
| A suspicious lump or swelling in the body of the testis (not epididymis) | | | | | | | | | | |
| Abdominal mass thought to be arising from the urinary tract found on clinical examination or imaging | | | | | | | | | | |
| Elevated PSA (PSA estimation should not be performed in presence of urinary tract infection) | | | | | | | | | | |
|  | Aged < 50 | | >2.5 | | | | Level ………..ng/ml | | | |
|  | Aged 50 - 59 | | 3.0 | | | | Level ………..ng/ml | | | |
|  | Aged 60 - 69 | | 4.0 | | | | Level ………..ng/ml | | | |
|  | Aged 70 – 79 | | >6.5 | | | | Level ………..ng/ml | | | |
|  | Aged 80 and over | | >20 | | | | Level ………..ng/ml | | | |
| With a hard, irregular prostate PSA (required)…… Date………. | | | | | | | | | | |
| Normal prostate but rising/raised aged specific PSA, with or without urinary tract symptoms | | | | | | | | | | |
| Symptoms and high PSA levels PSA……… Date………. | | | | | | | | | | |
| Suspected penile cancer, these include progressive ulceration or a mass in the glans or prepuce but can involve the skin of the penile shaft | | | | | | | | | | |
| **Comments/other reasons for urgent referral:** | | | | | | | | | | |
| **Repeat medication:** Anti-coagulation | | | | | | Yes | | | No |  |
| Anti-platelet agents (eg clopidogrel) | | | | | | Yes | | | No |  |
| eGFR | | | | | | Yes | | | No |  |
| Metformin | | | | | | Yes | | | No |  |
| Warfarin | | | | | | Yes | | | No |  |

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| **Name:** | **DOB:** | **NHS no:** |
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| **Current active problems:** | | |

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| **Drug allergies:** |

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| **Significant past medical history:** | | |
| **REFERRING GP DETAILS** | | |
| From**:** GP Medical Group | Date of decision to refer: |
| GP: | PCG Code: |
| Address: | Tel No:  Fax No: |

**CONFIRMATION** (please X boxes):

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| Have you told the patient they are being referred for the suspicion of cancer under the 2 week rule and will be seen within two weeks as there will be limited flexibility of clinic appointments due to the short time target?  **Yes**  **No** |
| Have you given the patient the fast track leaflet?  **Yes  No**  **If you have a clinical suspicion of cancer but the patient’s symptoms do not fit the referral criteria, please contact the relevant consultant for guidance – DO NOT USE THE 2 WEEK WAIT PROCESS** |
| **Additional comments / details** |
| **Signature of referring clinician** |
| **TRUST CONTACT DETAILS** |
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**To be completed by the Data Team**

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| Date received: | Date 1st appointment booked: |
| Date of 1st appointment: | Date 1st seen: |
| Specify reason if not seen at 1st appointment offered: | |
| Final diagnosis: Malignant / Benign: | |