

## 2 week Urology Cancer Referral Form

Northern England  
Strategic Clinical Networks

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 <input type="checkbox"/>	County Durham & Darlington <input type="checkbox"/>	Gateshead Health <input type="checkbox"/>
Newcastle Hospitals <input type="checkbox"/>	North Cumbria <input type="checkbox"/>	North Tees & Hartlepool <input type="checkbox"/>
Northumbria Healthcare <input type="checkbox"/>	South Tees <input type="checkbox"/>	South Tyneside <input type="checkbox"/>

### PATIENT DETAILS (please X boxes):

Name:		DOB:	
Gender:		Age:	
Address:		Tel no (home):	
		Tel no (work):	
NHS no:		Hospital no:	
Has the patient previously visited this hospital:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interpreter required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
First language:			

### REFERRAL INFORMATION (please X boxes):

<b>Suspected Cancer:</b>			
<input type="checkbox"/> Penis	<input type="checkbox"/> Bladder	<input type="checkbox"/> Kidney	
<input type="checkbox"/> Prostate	<input type="checkbox"/> Testis	<input type="checkbox"/> Other	
<b>Indications:</b>			
<input type="checkbox"/> Visible haematuria			
<input type="checkbox"/> Non-visible haematuria– AGED 40 AND ABOVE			
<input type="checkbox"/> A suspicious lump or swelling in the body of the testis (not epididymis)			
<input type="checkbox"/> Abdominal mass thought to be arising from the urinary tract found on clinical examination or imaging			
<input type="checkbox"/> Elevated PSA (PSA estimation should not be performed in presence of urinary tract infection)			
<input type="checkbox"/>	Aged < 50	>2.5	Level .....ng/ml
<input type="checkbox"/>	Aged 50 - 59	3.0	Level .....ng/ml
<input type="checkbox"/>	Aged 60 - 69	4.0	Level .....ng/ml
<input type="checkbox"/>	Aged 70 – 79	>6.5	Level .....ng/ml
<input type="checkbox"/>	Aged 80 and over	>20	Level .....ng/ml
<input type="checkbox"/> With a hard, irregular prostate      PSA (required).....      Date.....			
<input type="checkbox"/> Normal prostate but rising/raised aged specific PSA, with or without urinary tract symptoms			
<input type="checkbox"/> Symptoms and high PSA levels      PSA.....      Date.....			
<input type="checkbox"/> Suspected penile cancer, these include progressive ulceration or a mass in the glans or prepuce but can involve the skin of the penile shaft			
<b>Comments/other reasons for urgent referral:</b>			
<b>Repeat medication:</b>			
Anti-coagulation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Anti-platelet agents (eg clopidogrel)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
eGFR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Metformin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Warfarin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<b>Name:</b>	<b>DOB:</b>	<b>NHS no:</b>
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<b>Current active problems:</b>
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<b>Drug allergies:</b>
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<b>Significant past medical history:</b>
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### REFERRING GP DETAILS

From: GP Medical Group	Date of decision to refer:
GP:	PCG Code:
Address:	Tel No: Fax No:

### CONFIRMATION (please X boxes):

<p>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?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Have you given the patient the fast track leaflet?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p><b>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</b></p>
<b>Additional comments / details</b>
<b>Signature of referring clinician</b>

### TRUST CONTACT DETAILS

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### To be completed by the Data Team

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