

# Suspected Cancer in Adults Urology (2WW)

Date of referral letter: **Short date letter merged**

Name	<b>Full Name</b>	DOB	<b>Date of Birth</b>	NHS No	<b>NHS Number</b>
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## Attach this form to the e-referral within 24 hours

If the ERS is not available, please send [this form AND the 'Referral header sheet'](#) by secure email or FAX  
DO NOT USE for benign urological conditions. All patients referred on a cancer pathway who do not have cancer will be excluded from the pathway, and ongoing management will be according to local policy.

**If you have 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 2WW process**

- Patient has been informed that this is an urgent referral for suspected cancer
- The patient is available and willing to attend hospital for urgent tests/appointment within 14 days
- The patient has been given the 2WW Patient information Leaflet

Hyperlink to: [NICE GUIDANCE](#)      [Patient info leaflet including easy read](#)

<b>NICE Guidance</b>	<b>Suspected Cancer</b>	<b>ALL patients must have had a blood test for eGFR within 1 months of this referral</b>					
		<b>Haematuria in Men – exclude prostate cancer by checking PSA and DRE</b>					
	<b>Bladder/ Renal</b>	<input type="checkbox"/>	Visible haematuria over 45 without UTI or recurs after treatment for UTI				
		<input type="checkbox"/>	Non-visible haematuria without UTI – AGED OVER 60 and <b>DYSURIA</b>				
		<input type="checkbox"/>	Non-visible haematuria without UTI – AGED OVER 60 and <b>RAISED WCC</b>				
		<input type="checkbox"/>	Abdominal mass thought to be arising from the urinary tract found on imaging				
	<b>Testicular</b>	<input type="checkbox"/>	A suspicious lump or swelling in the body of the testis (not epididymis)				
	<b>Digital Rectal Exam</b>	<input type="checkbox"/>	Normal/soft	<input type="checkbox"/>	Abnormal/Hard	<input type="checkbox"/>	Declined
	<b>Prostate</b>	<input type="checkbox"/>	Elevated or rising PSA compared to age specific range (PSA estimation should not be performed in presence of urinary tract infection) <b>WAIT 8 weeks before checking PSA after confirmed UTI</b>				
		<input type="checkbox"/>	Aged <50	>2.5 ng/ml			
		<input type="checkbox"/>	Aged 50 -59	>3.0 ng/ml			
		<input type="checkbox"/>	Aged 60 - 69	>4.0 ng/ml			
		<input type="checkbox"/>	Aged 70 - 79	>6.5 ng/ml			
		<input type="checkbox"/>	Aged 80 and over	>20 ng/ml			
		<input type="checkbox"/>	With a hard irregular prostate <b>PSA must be sent before clinic appointment</b>				
<b>MRI Checklist For PROSTATE referrals</b>	<b>DOES THE PATIENT HAVE THESE CONDITIONS?</b>			<b>NO</b>	<b>YES</b>		
	Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Cranial aneurysm clip/implanted stent, filter or coil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Orbital/facial metallic fragments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Any implanted devices or prostheses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Penile</b>	<input type="checkbox"/>	Progressive ulceration or a mass in the glans or prepuce but can involve the skin on the penile shaft, or unexplained or persistent symptoms affecting the foreskin or glans					
<b>Consider NON URGENT referral for recurrent or persistent UTI in patients over 60 years</b>							

**Please indicate if this patient has had a previous 2WW referral to Urology**

**Reason for Referral – Compulsory** The clinical information is essential to safe and effective care of your patient

<b>Performance Status</b>	<input type="checkbox"/>	0	Fully active
	<input type="checkbox"/>	1	Cannot carry out heavy physical work
	<input type="checkbox"/>	2	Up and about more than half the day and can look after yourself
	<input type="checkbox"/>	3	In bed or sitting in a chair for more than half the day and need help in looking after yourself
	<input type="checkbox"/>	4	In bed or a chair all the time and need a lot of looking after

**Please indicate COVID 19 risk:**

<input type="checkbox"/>	<b>Standard</b>	No co-morbidities
<input type="checkbox"/>	<b>Vulnerable</b>	Co-morbidities/frailty
<input type="checkbox"/>	<b>Shielded</b>	In the shielded group because of high risk from COVID 19 infection

Description	Y	N	Description	Y	N
Anticoagulants including NOACs	<input type="checkbox"/>	<input type="checkbox"/>	Metformin	<input type="checkbox"/>	<input type="checkbox"/>
Antiplatelet e.g. Clopidogrel, Prasugrel	<input type="checkbox"/>	<input type="checkbox"/>	Insulin/Sulfonylureas	<input type="checkbox"/>	<input type="checkbox"/>

<b>Cardiac:</b>	<input type="checkbox"/>	Poorly controlled Angina/MI <b>within 3 months</b>
	<input type="checkbox"/>	Prosthetic valve replacement, previous SBE or vascular graft <b>within one year</b>
<b>Diabetes :</b>	<input type="checkbox"/>	

**History of IHD, Diabetes and CKD:**

**NB: Information below only displays latest recording, Full list is displayed in Patient Medical History**

: Ischaemic heart disease...

**WEIGHT:** Single Code Entry: O/E - weight    Single Code Entry: O/E - weight    Single Code Entry: O/E - weight

**Blood tests within 1 months – REQUIRED**

**Referral may be rejected if there is no evidence that these have been done**

<b>PSA</b>	<input type="checkbox"/> Requested	Date: <input type="text"/>
PSA latest within 1 months	Single Code Entry: Prostate specific antigen...	Single Code Entry: Prostate specific antigen...
PSA last 3 results	Single Code Entry: Prostate specific antigen... Single Code Entry: Prostate specific antigen... Single Code Entry: Prostate specific antigen...	Single Code Entry: Prostate specific antigen... Single Code Entry: Prostate specific antigen... Single Code Entry: Prostate specific antigen...

<b>U&amp;Es</b>	<input type="checkbox"/> Requested	Date: <input type="text"/>
	<b>Result within 1 months</b>	<b>Latest Result</b>

Title Given Name Surname

Date of Birth

NHS Number

Sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium
Potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium
Urea	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level
Creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine

**eGFR** result within 1 months  **Requested** **Date:**

Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73 square metres...	Single Code Entry: eGFR	Single Code Entry: eGFR	Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73
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**eGFR** latest result

Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73 square metres...	Single Code Entry: eGFR	Single Code Entry: eGFR	Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73
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**Referrer details**

Name of Referrer:	<input type="text"/>	Date of Referral:	<input type="text"/>	<b>Short date letter merged</b>
<b>Referring Organisation</b>			<b>GP details</b>	
<b>Organisation Name, Organisation Full Address (single line)</b> Tel: <b>Organisation Telephone Number</b> Email: <b>Organisation E-mail Address</b> Fax: <b>Organisation Fax Number</b>			<b>Usual GP Full Name</b> <b>Usual GP Organisation Name, Usual GP Full Address (single line)</b> Tel: <b>Usual GP Phone Number</b> Fax: <b>Usual GP Fax Number</b>	
Name of GP to address correspondence to, if different to accountable GP:			<input type="text"/>	

**Patient details**

Name:	<b>Full Name</b>	Address:	<b>Home Full Address (stacked)</b>	
Gender:	<b>Gender(full)</b>			
DOB and Age	<b>Date of Birth Age: Age</b>			
NHS number:	<b>NHS Number</b>			
Patient Contacts	Home:	<b>Patient Home Telephone</b>	Mobile:	<b>Patient Mobile Telephone</b>
	Work:	<b>Patient Work Telephone</b>	Email:	<b>Patient E-mail Address</b>
	<b>Carer/Advocate:</b> The patient has confirmed the following person should be included in correspondence – Name: <input type="text"/> Contact Details: <input type="text"/>			
Contact Consent:	<input type="checkbox"/> Can leave message on answer machine <input type="checkbox"/> Can contact by text <input type="checkbox"/> Can contact by Email			<b>NB: Not all services use Texts or Emails as a method of communication.</b>
Ethnicity:	<b>Ethnic Origin</b>			
Interpreter:	<input type="checkbox"/> <b>Yes</b> Language: <b>Single Code Entry: Main spoken language</b> <input type="text"/>			
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf <b>Single Code Entry: Deafness</b> <input type="checkbox"/> Registered Blind <b>Single Code Entry: Registered blind</b> <input type="checkbox"/> Learning Disability <b>Single Code Entry: On learning disability register</b> <b>Single Code Entry: [X] Specific developmental disorders of scholastic skills</b> <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer			
Risks:	<input type="checkbox"/> Vulnerable Adult ( <b>details below, if any recording in last 3 years</b> ) <b>Single Code Entry: Vulnerable adult</b> <b>Single Code Entry: Adult no longer vulnerable</b> <b>Single Code Entry: Failed or difficult intubation</b> Other: <input type="text"/>			
Other: <b>Single Code Entry: Military veteran</b> <b>Single Code Entry: Left military service</b> <b>Single Code Entry: History relating to military service</b> <b>Single Code Entry: Occupation history</b> <b>Single Code Entry: Has a carer</b> <b>Single Code Entry: Is no longer a carer</b> <b>Single Code Entry: Is a carer</b> <b>Single Code Entry: Carer</b>				

**Accessible Information**

Communication Support: Uses a legal advocate...

Professional Required: Interpreter needed - British Sign Language...

Contact Method: Requires contact by telephone...

Information Format: Requires information verbally...

[If you have any problem with this form or suggested changes, please contact & click here to open direct email.](#) **(NB: NOT TO BE USED FOR REFERRING A PATIENT)** 2WW NCA UROLOGY Referral Form – EMIS Web V5 Gateshead April 2018

**To be completed by the Data Team** (Insert Dates)

Received: / / First Appointment booked: / /

First Appointment date: / / 1<sup>st</sup> seen: / /Specify reason if not seen on 1<sup>st</sup> appointment:

Title Given Name Surname

Date of Birth

NHS Number

Diagnosis: Malignant  Benign