

Suspected Cancer in Adults UROLOGY (Fast track)

Date of referral **Short date letter merged**

Name:	Full Name	DOB:	Date of Birth	NHS No	NHS Number
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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 'Referral header sheet' by [SECURE EMAIL](#)
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 Fast track process

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

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

NICE Guidance	Suspected Cancer	ALL patients must have had a blood test for eGFR within 2 months of this referral					
		Haematuria in Men – exclude prostate cancer by checking PSA and DRE					
	Bladder/ Renal	<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 DYSURIA				
		<input type="checkbox"/>	Non-visible haematuria without UTI – AGED OVER 60 and RAISED WCC				
		<input type="checkbox"/>	Abdominal mass thought to be arising from the urinary tract found on imaging				
	Testicular	<input type="checkbox"/>	A suspicious lump or swelling in the body of the testis (not epididymis)				
	Digital Rectal Exam	<input type="checkbox"/>	Normal/soft	<input type="checkbox"/>	Abnormal/Hard	<input type="checkbox"/>	Declined by Patient
	Penile	<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				
	Prostate	<input type="checkbox"/>	Elevated or rising PSA compared to age specific range (PSA estimation should not be performed in presence of urinary tract infection) WAIT 8 weeks before checking PSA after confirmed UTI				
		Age 40< Use clinical judgement or seek advice and guidance if there is a concern about prostate cancer.					
<input type="checkbox"/>		Aged 40-49	>2.5 ng/ml				
<input type="checkbox"/>		Aged 50 -59	>3.5 ng/ml				
<input type="checkbox"/>		Aged 60 - 69	>4.5 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 PSA must be sent before clinic appointment					
MRI Checklist For PROSTATE referrals	DOES THE PATIENT HAVE THESE CONDITIONS?			NO	YES		
		Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>			
		Cranial aneurysm clip/implanted stent, filter or coil	<input type="checkbox"/>	<input type="checkbox"/>			
		Orbital/facial metallic fragments	<input type="checkbox"/>	<input type="checkbox"/>			
		Any implanted devices or prostheses	<input type="checkbox"/>	<input type="checkbox"/>			
Consider NON URGENT referral for recurrent or persistent UTI in patients over 60 years							

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

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

Consultations

Consultations

Consent		
<input type="checkbox"/>	No Problems anticipated	
<input type="checkbox"/>	There may be a problem with consent e.g., significant dementia or learning disability	Includes details in referral narrative clinical assessment may be needed before investigation
Disability		
<input type="checkbox"/>	No difficulty coping with investigation anticipated. No cognitive impairment/behavioural issues that would make it difficult to manage the investigations.	Straight to test investigations will be considered (expected to be able to changing position on couch by self)
<input type="checkbox"/>	There may be difficulties coping with investigations due to physical, cognitive or learning disability or severe mental illness	Clinic first may be offered. Include details in referral narrative including known adjustments required

Performance Status	<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"/>	Standard	No co-morbidities
<input type="checkbox"/>	Vulnerable	Co-morbidities/frailty
<input type="checkbox"/>	Shielded	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"/>

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

History of IHD, Diabetes and CKD

NB: information below only displays latest recordings. Full list is displayed in the Medical History

: IHD - Ischaemic heart disease...

Height: Single Code Entry: Standing height

WEIGHT: Single Code Entry: Body weight Single Code Entry: Body weight Single Code Entry: Body weight

BMI: Single Code Entry: Body mass index

Smoking Status: Single Code Entry: Tobacco smoking behaviour - finding

Alcohol : Single Code Entry: Alcohol consumption...

Blood tests within 2 months – REQUIRED

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

PSA		
PSA - latest within 2 months	Single Code Entry: PSA (prostate-specific antigen) level	Single Code Entry: PSA (prostate-specific antigen) level
PSA - last 3 results	Single Code Entry: PSA (prostate-specific antigen) level Single Code Entry: PSA (prostate-specific antigen) level Single Code Entry: PSA (prostate-specific antigen) level	Single Code Entry: PSA (prostate-specific antigen) level Single Code Entry: PSA (prostate-specific antigen) level Single Code Entry: PSA (prostate-specific antigen) level

U&Es	Result within 2 months				Latest Result
	Sodium	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level
Potassium	Single Code Entry: Serum potassium level	Single Code Entry: Serum potassium level	Single Code Entry: Serum potassium level	Single Code Entry: Serum potassium level	Single Code Entry: Serum potassium level
Urea Level	Single Code Entry: Serum urea level	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 level	Single Code Entry: Serum creatinine level	Single Code Entry: Serum creatinine level	Single Code Entry: Serum creatinine level	Single Code Entry: Serum creatinine level

eGFR result within 2 months

Single Code Entry: eGFR (estimated glomerular	Single Code Entry: GFR (glomerular filtration rate)	Single Code Entry: GFR (glomerular filtration rate)	Single Code Entry: GFR (glomerular filtration rate)
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eGFR latest result

Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular
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Referrer details

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

Patient details

Name:	Full Name	Address:	Home Full Address (stacked)
Gender:	Gender(full)		
DOB & Age:	Date of Birth Age: Age		
NHS number:	NHS Number		
Patient Contacts:	Home:	Patient Home Telephone	Mobile: Patient Mobile Telephone
	Work:	Patient Work Telephone	Email: Patient E-mail Address
	Carer/Advocate: The patient has confirmed the following person should be included in correspondence – Name: <input type="text"/> Single Code Entry: Patient's next of kin Contact Details: <input type="text"/> Single Code Entry: Emergency contact...		
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	NB: Not all services use Texts or Emails as a method of communication.	
Ethnicity:	Ethnic Origin		
Interpreter:	<input type="checkbox"/> Yes Language: Single Code Entry: Main spoken language English... <input type="text"/>		
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf Single Code Entry: Partial deafness... <input type="checkbox"/> Registered Blind Single Code Entry: Registered blind <input type="checkbox"/> Learning Disability, Single Code Entry: On learning disability register Single Code Entry: Moderate learning disability... <input type="checkbox"/> Community learning disability liason team alerted to this referral <input type="checkbox"/> Recommend flagging to secondary care learning disability liason team (A2A) <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer		
Risks:	<input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs) Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult... Single Code Entry: Difficult intubation Other: <input type="text"/>		
Other: Single Code Entry: Military veteran Single Code Entry: Left military service Single Code Entry: History relating to military service Single Code Entry: History relating to Army service... Single Code Entry: Has a carer Single Code Entry: Is no longer a carer Single Code Entry: Is a carer			

Accessible information

Communication support: Uses a legal advocate...

Contact method: Requires contact by telephone...

Information format: Requires information verbally...

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

[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)

NCA Urology Fast track Referral March 2024 CBC-CDRC EMIS Web SNOMED

To be completed by the Data Team (Insert Dates)

Received: / / First Appointment booked: / /

First Appointment date: / / 1st seen: / /

Specify reason if not seen on 1st appointment:

Diagnosis: Malignant Benign