

# 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
-------	-----------	------	---------------	--------	------------

## 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](#)

<b>NICE Guidance</b>	<b>Suspected Cancer</b>	<b>ALL patients must have had a blood test for eGFR within 2 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 by Patient
	<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>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>		
<b>Age 40&lt;</b> 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 NENC recommended	
	<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"/>
	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"/>
<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 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	<b>Includes details in referral narrative</b> 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.	<b>Straight to test investigations will be considered</b> (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	<b>Clinic first may be offered.</b> <b>Include details in referral narrative</b> 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"/>	<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 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)
---	---	---	---

**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
---	---	---	---

## Referrer details

Name of referrer:	Referring User <input type="text"/>	Date of referral:	Short date letter merged
<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:	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
	<b>Carer/Advocate:</b> 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 <b>Single Code Entry: Partial 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 Single Code Entry: Moderate learning disability...</b> <input type="checkbox"/> <b>Community learning disability liason team alerted to this referral</b> <input type="checkbox"/> <b>Recommend flagging to secondary care learning disability liason team (A2A)</b> <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) <b>Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult...</b> <b>Single Code Entry: Difficult intubation</b> Other: <input type="text"/>		
<b>Other:</b> 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: / / 1<sup>st</sup> seen: / /

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

Diagnosis: Malignant  Benign