**corporate logo**

**Nottingham NHS Treatment Centre**

**Urology**

Z022: Patient referral

IMPORTANT: Please state which location your patient wishes to be seen at:

Nottingham City Hospital  Nottingham NHS Treatment Centre

If no appointment is available using the e referrals please select defer to provider.

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| **Section 1 Patient information (Please complete in BLOCK CAPITALS)** | | |
| Surname:  First name:  Mr  Miss  Mrs  Ms  Other:  Date of birth: | Date of referral:  NHS number:  UBRN:  Home telephone number: | |
| Address:    Postcode: | Mobile / daytime telephone number:  Transport: Yes  No  Mobility:  Interpreter: Yes  No  Ethnicity:  Language: | |
| **Section 2 Practice information (Please use practice stamp if available)** | | |
| Referring GP: | | Locum: Yes  No |
| Practice address:    Postcode: | Telephone:  Fax: | |
| **Section 3 Clinical information (please ✓all applicable entries)**  **Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY** | | |
| Malignancy suspected? | Reason for referral? | |
| Prostate | An elevated age-specific PSA in a man with a 10 year life expectancy (see appendix) | |
|  | A high PSA (>20 ng/ml) in a man of any age with a clinically malignant prostate and/or bone pain | |
|  | A hard irregular prostate (regardless of PSA) | |
| **For suspected prostate cancer, what is the serum PSA?** | **Note:** In patients with a suspected or proven UTI, please repeat the PSA test at least one month after treatment before referral | |
| Bladder | Visible haematuria in an adult of any age | |
| Kidney | Non-visible haematuria in an adult over 50 years | |
|  | A palpable renal mass | |
|  | A solid renal mass found on imaging | |
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| Testis | A swelling in the body of the testis |
| Penis | Any suspected penile cancer |
| Other (please specify) |  |
| **Has the patient already has relevant diagnosis imaging?** | **Yes - attached**  **No** |
| Does the patient know? | Yes, the patient knows or suspects the risk of cancer  No, the patient does not know or suspects the risk of cancer |
| Is the patient aware that they have been referred on an urgent basis? | Yes  No |
| Does the patient have any holiday plans in the next 2 months? | No  Yes, the patient wishes to defer referral until return  from holiday  Holiday dates: |
| **Section 4 Past medical history** | |
|  | |
| **Section 5 Medication** | |
|  | |
| **Section 6 Additional clinical details** | |
|  | |
| **Section 7 Performance status** | |
| ECOG PERFORMANCE STATUS (Please tick one of the following statements about the patient)    0 – Fully active, able to carry on all pre-disease and performance without restriction    1 – Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature e.g. light house work, office work    2 – Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours    3 – Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours  4 – Completely disabled. Cannot carry out any selfcare. Totally confined to bed or chair | |

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| Discussed urgent suspected cancer referral with patient: Yes  No |
| Is the patient aware they have been referred on the “2 Week Wait” pathway: Yes  No |
| Does the patient have any holiday plans within the next 2 months: Yes  No  If yes, please give details below: |

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| Any communication needs: |

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| **Hospital use only:** |
| Date referral received: |
| Patient contacted: |

It is important the relevant information sheet is given to the patient when they are referred under the 2ww priority.

The latest patient information sheets were updated in April 2015 in line with NICE guidance. To download the patient information sheets, please click on the link: <http://www.nottinghamchooseandbook.nhs.uk/index.php/county-two-week-wait/17-county-2ww-patient-information-sheets>

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| **PROSTATE**  Please **urgently refer** patients:   * With a hard, irregular prostate typical of a prostate carcinoma. Prostate-specific antigen (PSA) should be measured and the result should accompany the referral. (An urgent referral is not needed if the prostate is simply enlarged and the PSA is in the age-specific reference range). * With a normal prostate, but rising/raised age-specific PSA, with or without lower urinary tract symptoms. (In patients compromised by other comorbidities, a discussion with the patient or carers and/or a specialist may be more appropriate). * With symptoms and high PSA levels. |
| **BLADDER AND RENAL**  Please **urgently refer** patients:   * Of any age with painless macroscopic haematuria * Aged 40 years and older who present with recurrent or persistent urinary tract infection associated with haematuria * Aged 50 years and older who are found to have unexplained microscopic haematuria * With an abdominal mass identified clinically or on imaging that is thought to arise from the urinary tract |
| **TESTIS**  Please **urgently refer** patients:   * With a swelling or mass in the body of the testis |
| **PENIS**  Please **urgently refer** patients:   * With symptoms or signs of penile cancer. These include progressive ulceration or a mass in the glans or prepuce particularly, but can involve the skin of the penile shaft. (Lumps within the corpora cavernosa can indicate Peyronie’s disease, which does not require referral. |
| **NON-URGENT REFERRAL**  Please **refer non-urgently:**   * Refer non-urgently patients under 50 years of age with microscopic haematuria. Patients with proteinuria or raised serum creatinine should be referred to a renal physician. If there is no proteinuria and serum creatinine is normal, a non-urgent referral to a urologist should be made |

NB. In male or female patients with symptoms suggestive of a urinary infection and macroscopic haematuria, diagnose and treat the infection before considering referral. If infection is not confirmed, refer them urgently.

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| **Average UK male life expectancy in years\*** | | **Age-specific PSA threshold levels for referral\*\*** | |
| Age 70 years | 14.4 year remaining | 40-49 years | 2.5 ng/ml |
| 72 | 13.1 | 50-59 years | 3.0 ng/ml |
| 74 | 11.7 | 60-69 years | 4.0 ng/ml |
| 76 | 10.5 | 70+ years | 5.0 ng/ml |
| 78 | 9.3 | \*\*There are no age-specific reference ranges for men over 80 years. Nearly all men of this age have at least a focus of cancer in the prostate. Prostate cancer only needs to be diagnosed in this age group if it is likely to need palliative treatment. | |
| 80 | 8.2 |
| 82 | 7.1 |
| 86 | 5.4 |
| 88 | 4.7 |
| 90 | 4.1 |
| \*As a ready reckoner, for patients in the best quartile of health, add 50% to years remaining; for those in worst quartile of health, subtract 50%. For ‘average’ patients, do not adjust. | |

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