**Worcestershire Acute Hospitals NHS Trust**

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| **URGENT REFERRAL: SUSPECTED UROLOGICAL CANCER**  **\*INDICATES MANDATORY FIELDS** |

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| **PATIENT DETAILS** | | | |
| **Surname:** | | **Forename:** | **DOB:** |
| **Address:** | | **NHS Number:** | **Referring GP:**  **Address:**  **Contact Tel No:**  **GP signature:** |
| **Tel No. (1):** | | **Interpreter required:**  Yes  No  If yes, language: |
| **Tel No. (2):** | |
| **Smoking status:**  Yes  No  Ex-Smoker | |
| **BMI** | **Weight** |

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| \*I have informed the patient this is a suspected cancer referral | | | | | | |  |
| \*I have emphasised to the patient the importance of being available over next 14 days for an urgent appointment | | | | | | |  |
| \*I have given the patient the 2-week wait patient information leaflet | | | | | | |  |
| **REASON FOR REFERRAL** | | | | | | | |
| **Bladder/Renal** | Visible Haematuria  >45 Years | |  | Persistent Non-Visible  Haematuria >50 years  *(Please refer to the local haematuria*  *pathway for additional information)* | | |  |
| **Testis** | (Swelling in body) Non-painful enlargement or change in shape or texture of the testis | | | | | |  |
| **Renal** | Palpable renal mass | |  | Solid mass in kidney on USS/CT | | |  |
| **Penile** | Mass or ulcerated lesion, STI excluded/treated, unexplained or persistent symptoms affecting the foreskin or glans | | | | | |  |
| **Prostate** | \*Abnormal Rectal  Examination | |  | AND/OR | \*Raised age-specific PSA (see below) | |  |
| **Age** | **<60 years** | **60 – 69 years** | | | | **>70 years** | |
| **PSA** | **>3.0** | **>4.0** | | | | **>5.0** | |

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| \*Creatinine/EGFR Result (Within last 2 months) |  | \* PSA Levels |  | **\*Negative** MSU/Dipstick test  (If positive dipstick – patient has no evidence of active infection) | Yes  No |

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| **Additional history / comments (including medications, allergies, medical history and/or any recent investigations)** | |
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| **WHO Performance status (see scale below, please tick one) 0  1  2  3  4** | |
| **WHO Grade** | **Explanation of activity** |
| 0 | Fully active, able to carry on all pre-disease 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 self-care but unable to carry out any work activities. Up and about more than 50% of waking hours |
| 3 | Capable of only limited self-care, confined to bed or chair more than 50% of waking hours |
| 4 | Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair |