

SOUTH WEST LONDON CANCER NETWORK: SUSPECTED UROLOGICAL CANCERS REFERRAL FORM

URGENT REFERRALS CRITERIA

(Please tick category)

- Macroscopic Haematuria in adults
- Microscopic Haematuria in adults over 50 years
- Swellings in the body of the testis
- Any suspected penile cancer
- Palpable renal masses
- Solid renal masses found on imaging
- Clinically malignant prostate on rectal exam, or bone pain and raised PSA, or an elevated age specific PSA with life expectancy of greater than 10 years.

Date of GP decision to refer:

No. of pages faxed:

GP DETAILS

GP Name and Initials:

GP Practice Code:

Address (Use practice stamp if available):

Post Code:

Telephone No:

Fax. No:

PATIENT DETAILS

Last Name:

First Name:

Address:

Post Code:

Daytime Telephone No:

Date of Birth:

Age:

Has the patient previously visited this hospital? Y/N

Gender: M F

Hospital No (if known):

NHS No:

Interpreter required? Y/N:

First Language:

COMMENTS/OTHER REASONS FOR URGENT REFERRAL

TO BE COMPLETED BY THE DATA TEAM:

Date received:

Date 1st appointment booked:

Date of 1st appointment:

Date 1st seen:

Specify reason if not seen at 1st appointment offered:

Final diagnosis (please circle):

Malignant

Benign