|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **Referral Request**  **NHS Community Urology Service**  **Routine Referrals**  **To be submitted via e-Referral** | |
| \*Referring GP | |  | \*Practice Name | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Patient’s First Name: | | | | |  | | | \*Date of Referral: | | |  | | |
| \*Patient’s Family Name: | | | | |  | | | \*Address: | | |  | | |
| \*Date of birth: | | | | |  | | |
| \*Gender: | | | | | Male / Female | | | \*Postcode: | | |  | | |
| \*NHS number: | | | | |  | | | \*Tel No:  \*Mobile Number: | | |  | | |
|  | | |
| **Special/Social needs:** \* Mandatory Fields | | | | | | | | | | | | |
|  | **None** |  | **Hearing impairment** | |  | **Visual impairment** | |  | **Cognitive**  **impairment** | |  | **Mobility impairment** |

**Signs/Symptoms:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-visible haematuria** | **Raised PSA** | **Scrotal Lumps** | **Testicular Pain** |
| **Other** | **Visible haematuria** | **LUTS** | **Recurrent UTIs** |

**PLEASE NOTE: 2WW Referrals are no longer accepted by GP Care, please refer directly to Secondary Care.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Direct Access:** | **USS Kidney(s)** | **USS Bladder** | **USS Testes** |

|  |
| --- |
| **Medication:** |
|  |
| **Reasons for Referral:** |
|  |

**Test Results: (Enter date and result)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Dipstick Result**  **2 out of 3 + ve**  **with dates** | **MSU Result** | **PSA Results**  **µg/l** | **eGFR**  **ml/min** | **Blood Pressure** |
| **Haematuria** |  |  |  |  |  |
| **Raised PSA** |  |  |  |  |  |
| **Lower Urinary Tract Symptoms** |  |  |  |  |  |
| **Recurrent UTIs** |  |  |  |  |  |
| **Other** |  |  |  |  |  |