|  |  |
| --- | --- |
|  | **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** |   |  |  |  |  |