**Suspected Prostate (Urological) Cancer Referral Form**

**Cancer 2 Week Wait Referral**

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| **Referrer Details** | **Patient Details** | | | | | | |
| Name: | Name: | | | | DoB: | | |
| Address: | Address: | | | | Gender: | | |
| Hospital No.: | | |
| NHS No.: | | |
| Tel No: | Tel No. (1): | | | | *Please check tel. nos.* | | |
| Tel No. (2): | | | |
| Email: | Carer requirements (has dementia or learning difficulties)? | | | | Capacity concerns? | | |
| Decision to Refer Date: | Translator Required: Yes 🞏 No 🞏 Language……. | | | Mobility: | | | |
|  | Military Service Person |  | Military Veteran | |  | Member of Military Family |
| Please confirm that the patient is aware that this is a suspected cancer referral and that the two week wait referral leaflet has been given:  Yes No | | | | | | | |
| Date(s) that patient is unable to attend within the next two weeks  *If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.* | | | | | | | |

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| **Clinical details**  *Please detail your conclusions and what needs excluding or attach referral letter.* |

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| **Prostate cancer**  prostate feels malignant on digital rectal examination (please complete PSA before referral).  *Features of malignancy include asymmetry, irregularity, nodules and differences in texture, e.g. firm or hard.*  PSA levels are above the age-specific reference range.  PSA level before referral 1st test \_\_\_\_\_\_\_ng/ml 2nd test at 6 weeks \_\_\_\_\_\_\_ng/ml  *The**PSA**test**should**be**postponed**for**at**least**1**month* ***after*** *treatment**of**a**UTI.**In patients with a borderline raised PSA, repeat the PSA after 1 month and refer as a fast track if the second PSA has risen. In patients compromised by co-morbidities or with a <10 year life-expectancy, a discussion with the patient or carers and/or urologist may be more appropriate.*  ***Raised******PSA******in******men******≥80******years****:*  *Asymptomatic and PSA <20, please discuss as a referral may not be necessary.*  *Asymptomatic and PSA 20-50, urgent rather than fast track referral.*  *Asymptomatic and PSA >50, for fast track referral.*  *Symptomatic (e.g. bone pain and weight loss) and PSA ≥20, for fast track referral.*  *Radical curative treatment appro*p*riate if life expectancy is >10yrs.* |
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| **Smoking status** | **WHO Performance Status:**  **0** Fully active  **1** Able to carry out light work  **2** Up & about 50% of waking time  **3** Limited self care, confined to bed/chair 50%  **4** No self care, confined to bed/chair 100% |
| **BMI if available** |

**Please attach additional clinical issues list from your practice system**

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| **Details to include**  Current Medication, significant issues, allergies, relevant family history, smoking & alcohol status and morbidities |

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| **Trust Specific Details** |

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| ***For hospital to complete*** UBRN:  Received date: |

Please send **via ERS**