

Suspected Urological Cancer Referral Form

To make a referral, FAX this form to 01223 281271 or complete it and send it to: Cambridge Urology Partnership, Nuffield Health Cambridge Hospital, 4 Trumpington Rd, Cambridge, CB2 8AF You may also fax/send an accompanying letter/ print out if you wish to do so. Cambridge Urology Partnership will contact the patient and make an appointment.

Appointments will be given within 1 week of referral.

DATE OF REFERRAL:

The PATIENT	REFERRAL INFORMATION please complete
SURNAME:	Macroscopic Haematuria Y N
FIRST NAME:	Persistent/Recurrent UTI, with haematuria >40 yrs Y N
ADDRESS:	Proven Microscopic Haematuria age >40 years Y N
DOB: Male/Female TEL No: WORK NO	A high PSA in men with clinically malignant Y N prostate or bone pain, or unexplained urological symptoms.
WORK NO	PSA value and date of PSA test:
MOBILE NO:	Asymptomatic with age specific raised PSA in Y N men.
Does the pt have a previous urological history? Y N	Previous PSA results with dates:
Medical History:	Palpable renal masses or suspicious renal Y N masses on radiological imaging
	Swelling in the body of the testis suspicious of Y N cancer
	Suspected penile cancer Y N
Medication:	State any relevant findings examination:
Does the pt take aspirin / clopidogrel / warfarin	
Y N Allergies	
The REFERRING GP:	ADDRESS:
NAME:	
GP SIGNATURE:	TEL NO: FAX NO: