

## 2 Week Rule Referral Form - Urology

Patient Details	
Name:	Date of Birth:
Address:	Sex: M/F
	NHS Number:
	Hospital Number:
Daytime Telephone:	<input type="checkbox"/> Please indicate by ticking the appropriate <input type="checkbox"/> box(es) which number(s) the patient can <input type="checkbox"/> be contacted on during the next 24 hours
Work Telephone	
Mobile Telephone:	
GP Details	
GP Name:	Telephone Number:
Practice:	Fax Number:
Date of Referral:	
Social circumstances	
Lives alone <input type="checkbox"/>	Is a carer for someone <input type="checkbox"/>
Has a care package <input type="checkbox"/>	

**Your patient will be seen under the 2 week rule if one or more of the following criteria are present. Please tick the appropriate box(es) and add relevant details below.**

**Age threshold**

**Prostate**

- |  |                     |                          |
|--|---------------------|--------------------------|
| Hard, irregular prostate                               | <b>PSA Result =</b> | <input type="checkbox"/> |
| • Rising/raised age-specific PSA* with normal prostate | <b>PSA Result =</b> | <input type="checkbox"/> |
| • Symptomatic with high PSA                            | <b>PSA Result =</b> | <input type="checkbox"/> |

**Bladder and renal**

- |   |               |                          |
|---|---------------|--------------------------|
| • Painless macroscopic haematuria without UTI   | All ages      | <input type="checkbox"/> |
| • Persistent/recurrent urinary tract infection associated with macroscopic haematuria | Over 40 years | <input type="checkbox"/> |
| • Clinical/imaged urinary tract mass  |               | <input type="checkbox"/> |
| • Unexplained microscopic Haematuria on urine microscopy without infection            | Over 50 years | <input type="checkbox"/> |

**Testicular**

- |                                   |  |                          |
|-----------------------------------|--|--------------------------|
| • Swelling/mass in body of testis |  | <input type="checkbox"/> |
|-----------------------------------|--|--------------------------|

**Penile**

- |                                   |  |                          |
|-----------------------------------|--|--------------------------|
| • Symptoms/signs of penile cancer |  | <input type="checkbox"/> |
|-----------------------------------|--|--------------------------|

\*The age-specific cut-off PSA measurements recommended by the Prostate Cancer Risk Management Programme are as Follows: aged 50-59 ≥ 3.0 ng/ml; aged 60-69 ≥ 4.0 ng/ml; aged 70 and over ≥ 5.0 ng/ml. (Note that there are no age specific age references ranges for men over 80 years. Nearly all men of this age group have at least a focus of cancer in the prostate. Prostate cancer in this age group only needs to be diagnosed if it is likely to need palliative treatment)

Current Medication
Relevant PMH
Additional Information
Please state if you are attaching a computer printout of this information Yes/No

©These referral proformas were developed by The Local Referral and Management Guidelines Team  
Western Sussex Hospitals NHS Trust, St Richard's Hospital . Chichester

All 2 week rule appointments for WSHT are managed and booked by the  
Worthing Hospital 2 week rule team.

**Please Fax this form to 01903 285098 or email it to  
[cancer.appointments@nhs.net](mailto:cancer.appointments@nhs.net)**