

OUTPATIENT REFERRAL TO UROLOGY

Urology

PATIENT ZONE

Patient Zone: ☐ Eastern Urban ☐ Western ☐ Central

REASON FOR REFERRAL

Reason for Referral: (select one):

- ☐ Testicular mass/cancer ☐ Renal mass/cancer ☐ Penile Mass suspicious for malignancy
☐ Newly diagnosed metastatic prostate cancer ☐ Obstructing Stone ☐ Elevated PSA > 20 ☐ Gross hematuria
☐ Hydronephrosis NYD ☐ Urinary retention with catheter ☐ Elevated PSA <20 ☐ Microscopic hematuria ☐ Non-obstructing stone
☐ BPH/LUTS ☐ Neurogenic bladder ☐ Infertility ☐ Recurrent UTIs ☐ Incontinence / female voiding dysfunction
☐ Hydrocele / Spermatocele ☐ Phimosis ☐ Vasectomy ☐ Erectile Dysfunction ☐ Scrotal / testicle pain ☐ Pelvic pain
☐ Peyronie's disease ☐ Other

CASCADING FIELDS — Shown when specific reason is selected

If Testicular mass/cancer, Hydrocele / Spermatocele, or Scrotal / testicle pain selected:

Scrotal US: ☐ Completed ☐ Ordered but not completed ☐ Other: _____

If Renal mass/cancer selected:

IVC Thrombus? ☐ Yes ☐ No ☐ Unknown

If Obstructing Stone selected:

Non-Contrast CT: ☐ Completed ☐ Ordered but not completed ☐ Other: _____

If Elevated PSA > 20 or Elevated PSA <20 selected:

Repeat/Confirmatory PSA Test: ☐ Completed ☐ Ordered but not completed ☐ Other: _____

If Gross hematuria selected:

CT - Urogram: ☐ Completed ☐ Ordered but not completed ☐ Other: _____

If Microscopic hematuria selected:

Renal & Bladder Ultrasound: ☐ Completed ☐ Ordered but not completed ☐ Other: _____

CLINICAL DETAILS

Diagnosis / History of Presenting Illness:

Duration of Symptoms: ☐ Acute Onset ☐ 3-6 Months ☐ 6-12 Months ☐ >12 Months

REFERRAL TYPE & COMMENTS

Referral Type: ☐ New Referral ☐ Update to Existing Referral

Comments: _____
