



NATIONAL RAPID ACCESS PROSTATE CLINIC REFERRAL FORM

Rapid access clinics aim to improve access to investigations for prostate cancer in men aged from 50 to 70 (or from aged 40 if they have a first degree relative with prostate cancer). Prostate cancer will continue to be diagnosed in general urology clinics.



POST or send via referral this **FORM** to **ONLY ONE** of the National Rapid Access Prostate Clinics to avoid duplication. (Please ✓)

- Beaumont Hospital, Dublin 9 Tel: (01) 809 3485
- Cork University Hospital Tel: (021) 492 2113
- University Hospital Galway Tel: (091) 542 053
- University Hospital Limerick Tel: (061) 585 636

- Mater Misericordiae University Hospital Tel: (01) 854 5274
- St. James Hospital, Dublin 8 Tel: (01) 416 2850
- St. Vincent's University Hospital Tel: (01) 221 3055
- University Hospital Waterford Tel: (051) 842 044

Patient Details

Surname: _____
 First Name: _____ DOB: _____
 Address: _____

 Mobile No: _____ Tel day: _____
 Tel evening: _____
 Hospital No. (if known): _____
 First language: _____ Interpreter required: Yes No
 Wheelchair assistance: Yes No

General Practitioner Details

Name: _____
 Address: _____

 Telephone: _____ Mobile: _____
 Fax: _____
 GP Signature: _____ Date of referral: _____
 Medical Council Registration No.: _____

Referral information (please tick relevant boxes):

PREVIOUSLY SEEN BY UROLOGIST

- No Yes

Consultant: _____ Location: _____

DIGITAL RECTAL EXAMINATION

(Strongly recommended & improves hospital triage)

All men with an abnormal Digital Rectal Examination (DRE) should be referred regardless of PSA.

- DRE-Prostate feels benign DRE-Prostate feels suspicious

PAST MEDICAL HISTORY:

Anticoagulants: Yes No

Plavix Aspirin Warfarin Other

Allergies:

- Yes
 No _____

Comments:

INVESTIGATIONS

PROSTATE SPECIFIC ANTIGEN (PSA) TEST (Mandatory)

Please wait six weeks to do a PSA test if a patient has had an active urinary infection, prostate biopsy, TURP, or prostatitis. In a man with a normal DRE, repeat an abnormal PSA test 6 to 12 weeks later in the same laboratory.

Total PSA (ng/ml)	Month	Year

Urinalysis **Result:** _____
(to exclude infection)

- Previous Prostate Biopsy Yes No
(please attach report if available) Normal Abnormal

Hospital of prostate biopsy: _____

Date of prostate biopsy: _____

FOR HOSPITAL USE:

Date of referral received: _____

Date of appointment offered: _____

Reason patient did not accept first appointment offered: _____

Prostate Team Triage

- Urgent Referral
 Routine Referral *(diverted to general urology clinic)*

Triaged by: _____