

UROLOGY REFERRAL SHEET – Sarnia-Lambton / Chatham-Kent

PATIENT INFORMATION	REFERRING PHYSICIAN
Name: _____	Name: _____
DOB: _____ OHIP # _____	Tel.: _____
Address: _____	Fax: _____
Email* : _____	Billing Number: _____
Telephone 1: _____	Signature: _____
Telephone 2: _____	Date: _____

***Please include email address and inform your patient that they may be contacted via email or automated reminder service.**

DR. RAMIREZ 110 Water St. Sarnia ON. N7T 5T3 Tel: 519-383-6427 Fax: 866-844-3928	DR. MARTIN 704 Mara St. 113. Point Edward, ON N7V 1X4 Tel: 519-491-7672 Fax: 519-344-7727	DR. DHANJANI 704 Mara St. 113. Point Edward, ON N7V 1X4 Tel: 519-344-2949 Fax: 855-266-4290	DR. ABDI CKHA Chatham, ON Tel: TBA Fax: 519-354-5331
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REASON FOR CONSULTATION REQUEST:	SPECIAL NEEDS, OTHER CONCERNS OR COMMENTS:
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PLEASE INDICATE THE TYPE OF REFERRAL BELOW AND INCLUDE REQUIRED TESTS:

*Referrals complete with requested investigations will allow for more prompt assessment of your patient.

Priority A: Emergent - Send to Emergency Room

Acute urinary retention, Acute scrotal pain, Renal colic with fever or renal failure or uncontrolled pain, Paraphimosis.

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| Priority B: Acute (<2 weeks)
<input type="checkbox"/> Testicular Mass suspicious for Malignancy:
<input type="checkbox"/> Visible Hematuria:
<input type="checkbox"/> Ureteral stone: renal colic: | - Fax referral with appropriate test result(s):
Scrotal/Testicular ultrasound.
Creatinine and CT pyelogram (NOT renal Ultrasound)
CT Renal Colic and Creatinine |
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| Priority C: Sub-Acute (up to 4 weeks)
<input type="checkbox"/> Suspicious Renal Mass:
<input type="checkbox"/> Suspicious Bladder Mass:
<input type="checkbox"/> Elevated PSA or suspicious DRE:
<input type="checkbox"/> Microscopic Hematuria: | - Fax referral with appropriate test result(s):
Multiphase CT kidneys with contrast
Creatinine and CT pyelogram (NOT renal Ultrasound)
TWO recent PSA tests and previous PSA tests
Microscopic urinalysis and Renal ultrasound |
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Priority D: Elective (>6 weeks) - Fax referral with requested test result(s):

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| <input type="checkbox"/> Lower urinary tract symptoms LUTS:
<input type="checkbox"/> Failure of BPH treatment:
<input type="checkbox"/> Overactive Bladder:
<input type="checkbox"/> Stress Incontinence:
<input type="checkbox"/> Mixed Incontinence:
<input type="checkbox"/> Interstitial Cystitis:
<input type="checkbox"/> Renal Stones:
<input type="checkbox"/> Recurrent Urinary Tract Infection:
<input type="checkbox"/> Vasectomy or Vasectomy Reversal:
<input type="checkbox"/> Erectile Dysfunction:
<input type="checkbox"/> Peyronie's disease:
<input type="checkbox"/> Hydrocele, Varicocele, Spermatocele:
<input type="checkbox"/> Prostatitis:
<input type="checkbox"/> Hematospermia: | Urinalysis and PSA if available.
Urinalysis and PSA if available.
Urinalysis and Urine Culture.
Urinalysis and Urine Culture.
Urinalysis and Urine Culture.
Urinalysis and Urine Culture.
Urinalysis and Urine Culture.
CT Renal Colic and Creatinine.
Previous Urinary Cultures and Urinalysis.
None.
Routine Labs and Testosterone.
None.
Scrotal Ultrasound.
Urinalysis and Urine Culture.
Urinalysis and PSA. |
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