

# Bluewater Health

## Request for Appointment in Urology

Patient Name:

### PHYSICIAN REFERRAL FORM

DOB (dd/mm/yy): <input type="checkbox"/> M <input type="checkbox"/> F	Referring Physician:
Address: City:	Telephone: Fax:
Postal Code:	Physician Signature:
HCN & VC:	Family Physician/ Nurse Practitioner:
Telephone 1: Telephone 2:	<b>Your appointment is scheduled for:</b>
<b>URGENT: Send to Emergency Department</b> <b>ACUTE: Contact office directly</b> <b>SUB-ACUTE: Fax Referral to office</b> <b>ELECTIVE: Fax Referral to office</b>	<b>FOR ALL LEVELS OF REFERRALS</b> <b>Ask patient to bring the following to the appointment:</b> <ul style="list-style-type: none"><li>• An current list of medication taken</li><li>• Pharmacy information</li></ul>

Reason for Consultation Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medication List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment Initiated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PHYSICIAN OFFICE INFORMATION

<b>Dr. Ramirez Office</b> 481 London Road Sarnia, ON N7T 4X3 <b>Tel:</b> 519-383-6427 <b>Fax:</b> 866-844-3928 <b>Pager:</b> 519-381-7847	<b>Dr. Singh Office</b> 704 Mara Street - #113 Sarnia, ON N7V 1X4 <b>Tel:</b> 519-344-2949 <b>Fax:</b> 519-344-7727	<b>Dr. Martin Office</b> 704 Mara Street - #113 Sarnia, ON N7V 1X4 <b>Tel:</b> 519-344-2949 <b>Fax:</b> 519-344-7727
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TESTING PRIOR TO UROLOGY REFERRAL		
<b>PRIORITY A: Urgent</b>	<b>0 – 3 days</b>	<b>PATIENT IS SENT TO EMERGENCY</b>
Acute urinary retention		Assessed by Emergency Room physician
Active gross hematuria (non-infectious)		
Urosepsis		
Acute testicular pain		
<b>PRIORITY B: Acute</b>	<b>3 – 10 days</b>	<b>FAX REFERRAL or MD to MD REFERRAL (if needed)</b>
Testicular mass suspicious for malignancy		
Intermittent episodes of gross hematuria		
Ureteral stone		
<b>PRIORITY C: Sub-Acute</b>	<b>10 – 28 days</b>	<b>FAX REFERRAL WITH TEST RESULTS and PREVIOUS PSAs</b>
Suspicious renal mass		Creatinine CT scan with and without contrast Renal ultrasound report Urinalysis
Suspicious bladder mass		Abdominopelvic ultrasound report Urinalysis, urine cytology
Elevated PSA or suspicious DRE		Confirmatory testing if PSA elevated Control and all prior PSA results
Microscopic hematuria (degree of urgency determined by urologist)		Renal ultrasound and previous urinalysis
<b>PRIORITY D: Elective</b>	<b>&gt; 28 days</b>	<b>FAX REFERRAL WITH TEST RESULTS</b>
Lower urinary tract symptoms (LUTS)		PSA (if available) and urinalysis
Failure of BPH treatment		PSA (if available)
Overactive bladder		Urinalysis and urine culture
Stress incontinence		Urinalysis and urine culture
Mixed incontinence		Urinalysis and urine culture
Interstitial cystitis		Urinalysis and urine culture
Asymptomatic nephrolithiasis		Imaging reports, urinalysis
Recurrent urinary tract infection		Previous urinary cultures and urinalysis
Vasectomy/vasovasostomy		None
Erectile dysfunction		Medical and surgical histories, treatments tried
Urethral and pelvic pain		Urinalysis and urine culture Pelvic ultrasound for pelvic pain
Peyronie's disease		None
Scrotal mass not suspicious for malignancy: Hydrocele, varicocele, spermatocele		Scrotal ultrasound
Prostatitis		Urinalysis and urine culture (prior urine test results)
Hemospermia		Urinalysis, PSA