

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

- | | | | | | |
|--|---------------------|--------------------|---|---------------------------|--------------------|
| <input type="checkbox"/> Beaumont Hospital, Dublin 9 | Tel: (01) 809 3485 | Fax: (01) 809 3488 | <input type="checkbox"/> Mater University Hospital | Tel: (01) 803 2644 / 2295 | Fax: (01) 803 4036 |
| <input type="checkbox"/> Cork University Hospital | To open during 2011 | | <input type="checkbox"/> St. James's Hospital, Dublin 8 | Tel: (01) 416 2850 | Fax: (01) 428 4090 |
| <input type="checkbox"/> Galway University Hospital | Tel: (091) 542 053 | Fax: (091) 542 092 | <input type="checkbox"/> St. Vincent's Univ. Hospital | Tel: (01) 221 3055 | Fax: (01) 221 4318 |
| <input type="checkbox"/> Mid Western Regional Hospital | Tel: (061) 585 637 | Fax: (061) 482 572 | <input type="checkbox"/> Waterford Regional Hospital | To open during 2011 | |

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 at 6 weeks before referral.

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: _____