

Thunder Bay Adult Urology

REFERRAL QUICK REFERENCE



MANDATORY REQUIREMENTS FOR ALL REFERRALS

PATIENT DEMOGRAPHICS

- Patient last name, first name, given names
- PHN/ULI
- Gender
- Address, including city, postal code, province
- Home phone, other phone
- Emergency contact and/or guardian name & phone, and relation to patient

REFERRING PROVIDER

- Name
- Address, including city & postal code
- Phone & fax

FAMILY PHYSICIAN

- Name
- Indicate if same as referrer or if patient has no primary care provider
- Phone

OTHER INFORMATION

- Relevant medical history
- Indicate if interpreter is required
- Physical limitations
- Economic and social/ psychological and language factors

CO-MORBIDITIES

PLEASE INDICATE IN THE REFERRAL IF THE PATIENT HAS ANY OF THE FOLLOWING:

- History of stroke
- Cardiovascular disease (e.g. prior MI)
- Respiratory disease
- Peripheral vascular disease
- GI disease (e.g. Crohn's)
- Renal disease
- Liver disease (hepatitis B or C)
- Diabetes
- Rheumatologic disease (e.g. SLE, scleroderma etc)
- Active infections (e.g. MRSA, shingles, TB, VRE)
- HIV
- Cognitive issues
- Any other concurrent medical problem
- Sleep apnea with CPAP
- Current medication list including antithrombotics (type and reason), antiplatelets and insulin / oral hypoglycemic agent language factors

EMERGENCY

For all emergencies, refer directly to the emergency department

REFERRAL PROCESS

All referrals to urology should be made through Central Urology Intake by faxing the referral form or letter to 855-975-2418.

CENTRAL UROLOGY INTAKE	PH 807-684-7360 FX 855-975-2418

As primary care providers, the health and care of our patients is paramount, and it is clear to us that referral processes impact both patient care and outcome. In order to optimally prioritize referrals according to clinical need, consistent and complete Information needs to be provided.

It is recognized that Ontario is facing significant challenges in access to urology. This document is not meant to address the access problem to Urology in Ontario as wait times and access will vary depending on local circumstances. By providing the best possible information about a particular

referral, the request for consultation can be triaged according to acuity.

We believe the use of a uniform provincial Urology referral pathway will improve the referral process and contribute to better patient care. We also expect it has the potential to improve satisfaction with the system, by both primary care providers, support staff and patients. We recognize that there is considerable variation in the scope, location and practice pattern across the province. The pathway by no means aims to dictate practice, rather to provide a foundation to improve the referral process.

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Reason for Referral	Access Target	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
BLADDER DIVERTICULUM	< 6 months	< 6 months <ul style="list-style-type: none"> • Urinalysis • Bladder Ultrasound 	
BLADDER MASS	< 2 weeks	< 2 weeks <ul style="list-style-type: none"> • Renal and bladder ultrasound 	
BLADDER STONE	< 3 months	< 3 months <ul style="list-style-type: none"> • Renal and bladder ultrasound 	
BLADDER FISTULA Documented	< 1 month	< 3 months <ul style="list-style-type: none"> • CT Cystogram 	
HEMATURIA GROSS	< 2 weeks	< 2 weeks <ul style="list-style-type: none"> • Urinalysis • Creatinine 	
HEMATURIA MICROSCOPIC (3 or greater rbc/hpf)	< 3 months	< 6 months <ul style="list-style-type: none"> • Creatinine, Microscopic urinalysis (Not only chemical) x 2, urine culture • Renal and bladder ultrasound <ul style="list-style-type: none"> ◦ If patient has had a CT, an ultrasound is not necessary. <p>** Microscopic Hematuria must be greater than or equal to 3 RBC/HPF on at least two urinalyses prior to referral.</p>	
URINARY INCONTINENCE	< 6 months	< 3 months <ul style="list-style-type: none"> • Pelvic ultrasound with PVR • Referral letter should include description of pelvic exam findings. • Urinalysis, urine culture 	
NEUROGENIC BLADDER	< 6 months	< 3 months <ul style="list-style-type: none"> • Creatinine, urinalysis, urine culture • Renal and Bladder Ultrasound” 	
OVERACTIVE BLADDER (OAB)	< 6 months	< 3 months <ul style="list-style-type: none"> • Electrolytes, creatinine, urinalysis, urine culture • Renal and Bladder Ultrasound” 	
URACHAL CYST	< 3 months	< 3 months <ul style="list-style-type: none"> • Abdominal ultrasound 	
URETHRAL STRICTURES	< 3 months	< 3 months <ul style="list-style-type: none"> • Creatinine, urinalysis, urine culture • Renal and Bladder Ultrasound 	
URINARY RETENTION ACUTE (with indwelling Catheter)	< 2 months	< 2 months <ul style="list-style-type: none"> • Electrolytes, creatinine, urinalysis, urine culture • Renal and Bladder Ultrasound 	
RECURRENT URINARY TRACT INFECTIONS (UTI)	< 6 months	< 6 months <ul style="list-style-type: none"> • Creatinine, urinalysis, urine culture x 2 • Renal and Bladder Ultrasound • Include a copy of medications used for treatment 	

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ADRENAL MASS	< 4 cm: < 4 weeks > 4 cm: Urgent case < 2 weeks	< 3 months <ul style="list-style-type: none"> Electrolytes, creatinine, random glucose, cortisol, 24-hour urine metanephrines CT or MRI abdomen 	
HYDRONEPHROSIS	< 4 weeks	< 3 months <ul style="list-style-type: none"> Electrolytes, creatinine, urinalysis Renal and bladder ultrasound <ul style="list-style-type: none"> If CT, no ultrasound needed 	
KIDNEY STONE (ACUTE OBSTRUCTIVE/ URETERIC)	< 2 weeks	< 30 days <ul style="list-style-type: none"> Electrolytes, creatinine, urinalysis Renal colic CT or Renal and Bladder Ultrasound with hydronephrosis <p>*Must have KUB x-ray - Referrals with ultrasounds only, will not be accepted.</p>	
KIDNEY STONE - NON-OBSTRUCTIVE	< 3 months	< 3 months <ul style="list-style-type: none"> Electrolytes, creatinine, urinalysis Renal colic CT or Renal and Bladder Ultrasound 	
RENAL CYST	< 3 months (Urgent case < 2 Weeks if complex Cyst)	< 3 months <ul style="list-style-type: none"> Renal ultrasound 	
RENAL MASS > 4CM	< 2 weeks	< 3 months <ul style="list-style-type: none"> CXR and Ultrasound or CT renal mass protocol 	
ABNORMAL DRE - (new diagnosis)	< 4 weeks (Urgent)	< 3 months <ul style="list-style-type: none"> PSA 	
ELEVATED PSA (no previous prostate cancer)	< 4 weeks	< 3 months <ul style="list-style-type: none"> Urinalysis, urine culture (if urinalysis abnormal), prostate-specific antigen (PSA) x 2 done at least 4 weeks apart 	DRE Recommended. Refer to Asymptomatic Routine Prostate Specific Antigen (PSA) Testing Pathway for Routine Asymptomatic PSA testing information.
ELEVATED PSA (previous cancer)	< 4 weeks	< 3 months <ul style="list-style-type: none"> Urinalysis, urine culture (if urinalysis abnormal), prostate specific antigen (PSA) x 2 done at least 4 weeks apart 	
EPIDIDYMAL CYST Symptomatic > 1 cm Spermatocele	< 6 weeks	< 6 months <ul style="list-style-type: none"> Scrotal ultrasound, which must include measured dimensions of the cyst 	
ERECTILE DYSFUNCTION	< 6 weeks	< 6 months <ul style="list-style-type: none"> AM testosterone 	
FEMALE VOIDING DYSFUNCTION	< 6 weeks	< 6 months <ul style="list-style-type: none"> Urinalysis, urine culture Renal bladder ultrasound (no x-ray needed) 	
FISTULA - FEMALE URINARY GENITAL TRACT	< 3 weeks	< 3 months <ul style="list-style-type: none"> CT Cystogram 	
FORESKIN PROBLEMS Includes Phimosis	< 3 months		

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HYDRONEPHROSIS	< 1 months	< 3 months <ul style="list-style-type: none"> • Urinalysis, urine culture • PSA x 2 if between age 40-75 • Abdominal and pelvic ultrasound 	
HYDROCELE (Must be symptomatic and clinically detectable on exam)	< 6 months	< 3 months <ul style="list-style-type: none"> • Scrotal ultrasound, which must include measured dimensions of the hydrocele 	
HYPOSPADIAS	< 6 months		
LOWER URINARY TRACT SYMPTOMS (MALE LUTS) Includes BPH, Urethral Strictures, Prostatitis, Male Chronic Pelvic Pain	< 6 months (Urgent case < 2 weeks)	< 6 months <ul style="list-style-type: none"> • Urinalysis, Renal and Bladder Ultrasound BPH: <i>Patient must have failed a one-month trial of tamsulosin (Flomax) prior to referral.</i>	Baseline International Prostate Symptom Score (IPSS) form, post-treatment IPSS.
MALE INFERTILITY	< 3 weeks	< 3 months <ul style="list-style-type: none"> • Semen analysis 	
MALE SEXUAL DYSFUNCTION Includes Low Testosterone, Hypogonadism, Ejaculatory Dysfunction, Rapid Ejaculation	< 6 months	< 6 months <ul style="list-style-type: none"> • AM testosterone 	
PENILE MASS Cancer Concern	< 2 weeks	< 3 months	
PEYRONIE'S DISEASE	< 6 weeks	< 6 months <ul style="list-style-type: none"> • Patient to bring picture of erection to appointment (within 30 days) 	
TESTICULAR MASS	< 1 weeks	< 3 months <ul style="list-style-type: none"> • Scrotal Ultrasound 	
TESTICULAR MICROLITHIASIS	< 6 weeks	< 6 months <ul style="list-style-type: none"> • Scrotal Ultrasound 	
TESTICULAR PAIN CHRONIC (NON-STD) For STD related pain refer to zonal STD clinic	< 6 weeks	< 6 months <ul style="list-style-type: none"> • Urinalysis, urine culture • Scrotal ultrasound 	
UNDESCENDED TESTICLE WITH NEGATIVE BHCG AND AFP	< 3 weeks		
URETHRAL DISORDER (FEMALE)	< 6 weeks	< 3 months <ul style="list-style-type: none"> • Urinalysis, urine culture 	
VAGINAL PROLAPSE Includes cystocele	< 6 weeks	< 3 months <ul style="list-style-type: none"> • Electrolytes, creatinine, urinalysis, urine culture 	
VASECTOMY	< 6 weeks		
VASECTOMY REVERSAL	< 6 weeks		
VARICOCELE Must be symptomatic and clinically detectable on physical exam.	< 6 weeks	< 6 months <ul style="list-style-type: none"> • Scrotal ultrasound 	