



DT9296

## UROLOGY CONSULTATION ADULT AND PEDIATRIC

**Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.**

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Reason for consultation		Clinical priority scale: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months				
Lithiasis	<input type="checkbox"/> Ureteric stones (Prerequisite: order A/C urine, creatinine, abdominal x-ray, uroscan)	<b>C</b>	Suspected malignancy	<input type="checkbox"/> Suspicious prostate exam (DRE) (Prerequisite: order PSA)	<b>C</b>	
	<input type="checkbox"/> Asymptomatic kidney stones or urinary calculi (Prerequisite: attach imaging report and order A/C urine, creatinine and uroscan)	<b>D</b>		<input type="checkbox"/> Elevated PSA retested after 6 weeks (Prerequisite: PSA x 2, A/C urine negative)	<b>C</b>	
Infection	<input type="checkbox"/> Urinary infection in a man (Prerequisite: order renal and pelvic ultrasound, A/C urine)	<b>D</b>		<input type="checkbox"/> Bladder mass (Prerequisite: imaging report)	<b>C</b>	
	<input type="checkbox"/> Documented recurrent lower urinary tract infections in a woman (+ 4 per year) (Prerequisite: A/C urine)	<b>E</b>		<input type="checkbox"/> Solid renal mass or complex renal cyst (Prerequisite: creatinine, imaging report and order CT-urogram (if not done))	<b>C</b>	
Sexual dysfunction	<input type="checkbox"/> Erectile dysfunction with failed medical treatment (Prerequisite: order testosterone, glycemia, lipids, HbA1c)	<b>E</b>		Others	<input type="checkbox"/> Suspected scrotal mass of neoplasia (Prerequisite: testicular ultrasound)	<b>B</b>
	<input type="checkbox"/> Peyronie's disease	<b>E</b>			<input type="checkbox"/> Benign scrotal mass: hydrocele, varicocele, spermatocele (Prerequisite: testicular ultrasound)	<b>E</b>
	<input type="checkbox"/> Recurrent hemospermia with unsuspected prostate examination of malignancy (Prerequisite: order A/C urine, PSA if > age 40)	<b>E</b>			<input type="checkbox"/> Obstructive or symptomatic hydronephrosis (Prerequisite: imaging report and order creatinine, A/C urine)	<b>C</b>
Hematuria	<input type="checkbox"/> Intermittent macroscopic hematuria with negative culture (Prerequisite: order A/C urine, creatinine, CT-urogram)	<b>C</b>			<input type="checkbox"/> Woman and man lower urinary tract symptoms (incontinence, overactive bladder, BPH with failed treatment) (Prerequisite: A/C urine and PSA (for man))	<b>E</b>
	<input type="checkbox"/> Microscopic hematuria ≥ 2-5 red blood cells per high powered field on a single specimen <sup>1</sup> (Prerequisite: order A/C urine, abdominal and pelvic ultrasound)	<b>D</b>			<input type="checkbox"/> Chronic pelvic pain syndrome/orchialgia (including chronic prostatitis, cystalgia) (Prerequisite: negative ST1e, A/C urine)	<b>E</b>
					<input type="checkbox"/> Recurrent balanitis/phimosis/vasectomy	<b>E</b>

**Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):**

Clinical priority

**Suspected diagnosis and clinical information (mandatory)**

**If prerequisite is needed:**

- Available in the QHR (DSQ)
- Attached to this form
- Ordered

**Special needs:**

**Referring physician identification and point of service**

**Stamp**

Referring physician's name		Licence no.	
Area code	Phone no.	Extension	Area code Fax no.
Name of point of service			

<b>Signature</b>	Date (year, month, day)
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**Family physician:**  Same as referring physician  Patient with no family physician

**Registered referral (if required)**

Family physician's name	If you would like a referral for a particular physician or point of service
Name of point of service	

## Legend

<sup>1</sup> Significant microscopic hematuria definition :

≥ 2-5 red blood cells per high powered field on two consecutive urine analyses without any recent exercise, menstruation, sexual activity or any manipulation.

Ref: Guide de Pratique de l'Association Canadienne d'urologie, juin 2008.  
American Urological Association guidelines, 2012.

### **N.B.**

If the patient's clinical condition does not correspond to the established clinical priority, or if situation is unclear, please contact the specialist on call in your area.

### **Clinical alerts (non-exhaustive list)**

#### **Refer the patient to the Emergency-department**

- Active macroscopic hematuria (non-infectious)
- Renal colic not relieved with medication
- Hyperthermia related to urinary tract infection
- Suspected testicular torsion
- Acute urinary retention
- Penis fracture or priapism