



## Patient Referral Form - Prostate Cancer

### Diagnostic Assessment Program

St Catharines Site  
1200 Fourth Avenue, St. Catharines, ON L2S 0A9  
Phone: 905-378-4647 ext 49144 Fax: 289-398-1013

#### PATIENT INFORMATION

**Referrals will only be processed if completed in full**

Patients Name:		Date of Birth:
Health Card Number:	Version:	Language:
Address:		
City:	Province:	Postal Code:
Please indicate if a message may be left on answering machine or with anyone who answers the phone <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	Cell Phone:
Alternate Contact:	Relationship:	Phone:
Referring Physician:	Physician Number	Phone:
Family Physician:	Physician Number	Phone:

#### CLINICAL INFORMATION (Please include as much information as possible and FAX COPIES OF ALL REPORTS)

Prostate Specific Antigen (PSA) Please provide last 3 values if available		PSA Reference Ranges:	
PSA (ng/ml)	Date	Age (years)	PSA Upper Limit
		40-49	2.5 ng/ml
		50-59	3.5 ng/ml
		60-69	4.5 ng/ml
Please provide laboratory copies where available		Greater than 70	screening not recommended unless GU symptoms or anticipated extended longevity
Family History of Prostate Cancer		Digital Rectal Exam (DRE):	
<input type="checkbox"/> Father	<input type="checkbox"/> Brother(s)	<input type="checkbox"/> Normal Examination	
<input type="checkbox"/> Grandfather(s)	<input type="checkbox"/> Son(s)	<input type="checkbox"/> Prostate Nodule	
<input type="checkbox"/> Surveillance Patient		<input type="checkbox"/> Prior Biopsy? Date: _____	Site: _____
		<input type="checkbox"/> DRE pending	

#### Patient Management

The clinic DEFAULT will be to return your patient to you on completing the assessment process.

We recognize some patients do not have a regular GP and so offer the following choices:

- The referring doctor/clinic would like to decide on who/where our patient will receive their recommended treatment or follow-up.
- The DAP can refer our patient for treatment or follow-up based on wait list and/or patient choice of specialist.

Please note that PSA screening is not recommended in men with life expectancy < 10 years.

PSA should be repeated 8 weeks after UTI or catheterization to prevent a false positive result.

A transrectal ultrasound (TRUS) is not recommended for prostate cancer screening.

First and second degree relatives with prostate cancer carry the highest risk of familial risk.

#### FOR PROSTATE CLINIC USE ONLY

Date Referral Received: \_\_\_\_\_

Ready to Book Date: \_\_\_\_\_

Consult Date: \_\_\_\_\_

- Add to next clinic, even if full, PSA > 100 and/or symptoms of weight loss + bone pain.
- In clinic within 1 week, PSA > 20. (If necessary, may bump)
- Next available clinic, all other requests.

