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: 289-398-1033**

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:
Home Phone: / Cell Phone:	Please indicate if a message may be left on answering machine or with anyone who answers the phone	☐ Yes ☐ No
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)

Min 2 values 1 from within the last 2 months

PSA (ng/ml)	Date

Please provide laboratory copies where available

PSA Reference Ranges:

Greater than 70 — screening not recommended unless GU symptoms or anticipated extended longevity

Age (years)	PSA Upper Limit
40-49	2.5 ng/ml
50-59	3.5 ng/ml
60-69	4.5 ng/ml

Family History of Prostate Cancer

☐ Father ☐ Brother(s)
☐ Grandfather(s) ☐ Son(s)

☐ Previous Prostate Cancer Diagnosis

Digital Rectal Exam (DRE):

☐ Normal Examination
☐ Prostate Nodule
☐ Prior Prostate Biopsy Date:____________

Patient Management

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

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.

Patient Contacted: ______________