

REFERRAL GUIDELINES

Urology – Prostate Cancer Clinic

Head of Unit: Mr Paul Gilmore

Referrals: Referral addressed to named head of unit is preferred. The GP Referral Template located within the MasterCare Referral net system is the preferred referral tool.

For faxed referrals, use fax 9788 1879

Clinic overview:

This clinic will see patients with tests, symptoms or signs suggestive of prostate cancer.

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	<ul style="list-style-type: none"> Prostate-specific antigen (PSA) > 10 ng/mL on repeat test over 6 weeks apart. 	4 weeks
Category 2 Routine	<ul style="list-style-type: none"> A repeat PSA test is: <ul style="list-style-type: none"> >3.5 (<59yr) >4.5 (<69yr) >6.5 (<79 yr) or over 3.0 ng/mL and with a free-to-total ratio <25% PSAv >0.75ng/ml/yr over 1-2yrs (www.mskcc.org/nomograms/prostate) 	12 weeks
Emergency	Not applicable	Not applicable

Eligibility Criteria

All patients require a referral from a Specialist or General Practitioner.

Exclusions

Patients already referred to another public hospital for same.
Patients **over 79 years of age should not** undergo routine PSA screening.

Alternative referral options

New referrals may also be made directly to the rooms of Urology Surgeons presently working with Frankston Hospital who will then place the patient directly on the public surgical waiting list at Frankston Hospital if surgery is required.

Private Services:

Mr Chee Wee Cham

Mr Phil Dundee

Mr Paul Gilmore

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

HEAD OF UNIT

Mr Paul Gilmore

PROGRAM DIRECTOR

Mr Peter Evans

ENQUIRIES

P: (03) 9784 2600

F: (03) 9784 1879

Reviewed: June 2020

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Urology – Prostate Cancer Clinic

Mr Anu Jayathillake
Mr Heath Liddell
Mr Ben Thomas

Minimum Referral Information Required

Please note, referral cannot be processed if minimum information is missing)

- Referring practitioner name, provider number and signature.
- Date of referral
- Patient's name, address, date of birth, Medicare number and phone number.

Prostate Cancer

- Clinical details and reason for referral
- Relevant medical history
- Family history of Ca prostate (paternal)
- Completed prostate symptom score and quality of life score
- Bone pain
- Haematuria
- Previous TURP/prostate biopsy
- Allergies
- Results of all recent and relevant investigations
- Symptomatic history
- Treatment instituted so far
- Medications
- DRE (not mandatory)

Investigations:

Information that **MUST** be provided:

- Initial PSA result of concern
PSA with free/total % (if included in second PSA test, then the PSA test becomes MBS rebatable)
- Repeated PSA result 1-3 months after this initial test
- MSU Midstream Urine microscopy culture sensitivities.

Provide if available:

- Urinary tract ultrasound (inc prostate size and post-void)
- FBE UEC

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Clinic information

Clinics are held:

Monday: weekly AM – Frankston Hospital Outpatients Area 1.

Wednesday: monthly AM – Frankston Hospital Outpatients 3 Integrated Health Centre.

Thursday: twice monthly PM - Frankston Hospital Outpatients 3 Integrated Health Centre.

Outpatients Department – Area 1 Frankston and Integrated Health Centre – Hastings Road, Frankston

Phone: 9784 2600

Fax: 9784 2666

Electronic referrals preferred

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