



Urology Referral Form

Thank you for your referral. A referral coordinator will handle your referral and ensure your patient is seen in a timely manner. For questions, please call **345-325-9000, ext. 1** OR **345-949-6066, ext. 1**, M-F 9am-5pm.

Please complete referral and send corresponding records to DH.referrals@doctorshospitalcayman.com.

Patient details

MRN no.

Title Miss Mrs. Ms. Mr.

First Name

Last Name

Sex Male Female Other

Date of Birth (DD-MM-YYYY)

Home Phone Number

Work Phone Number

Mobile Phone Number

Address

Referral details

Referring Doctor

Date of Referral (DD-MM-YYYY)

Phone Number

Patient Type Outpatient Inpatient

Urgency Urgent less than 24 hours — Acute Urology Clinic (M-F 10am-12pm)

Elective within 7-14 days

Insurance Provider

Policy #

Clinical information

Length of time since symptoms began

Description of symptoms

Provisional diagnosis — Reason for referral

Suspected Cancer

- Kidney
- Prostate
- Bladder
- Testis
- Penis

Prostate

- Male lower urinary tract symptoms (LUTS)
- Elevated PSA or abnormal DRE

Haematuria

- Gross haematuria
- Microscopic haematuria

Bladder/Incontinence

- Overactive bladder
- Neurogenic bladder
- Incontinence
- Chronic retention
- Recurrent UTIs

Other

Fertility

- Abnormal / semen analysis
- Family planning (vasectomy request)
- Vasectomy reversal request

Other

Penis

- Foreskin problem
- Dermatitis
- Peyronie's disease/penile curvature

Other

Emergency (Call DH Switchboard)

- Acute retention
- Suspected renal colic
- Suspected testicular torsion
- Priapism
- Paraphimosis
- Acute pyelonephritis
- Trauma or penile fracture

Other

Testis

- Testicular Mass
- Microlithiasis
- Pain

Other

Scrotum

- Hydrocele / spermatocele / varicocele

Other

Sexual Function (Male)

- Sexual dysfunction
- Low testosterone
- Erectile dysfunction

Other

Urethra

- Female urethral disorder
- Male urethral disorder

Other

Paediatric problem

- Foreskin problem
- Bedwetting/ Incontinence
- Hypospadias
- Scrotal problem/ Undescended testis

Other

Medication/treatment received

Relevant PMH

Special Instructions to Patient

Bring diagnostic reports/results

Bring medications

Other

***Incomplete forms will be returned**