

REFERRALS TO UROLOGISTS AT THE ALBERTA UROLOGY INSTITUTE

PLEASE NOTE

This is a very general list of the top requested referrals and the corresponding investigations required; if the possible urological concern is not listed, there might not be a need for investigations. However, each urologist's office reserves the right to ask for additional investigations prior to accepting any referral (*Section 6(12)(f), Health Professions Act*).

We do ask that if you are booking a urology referral that as a minimum you have the completed following investigations prior to phoning (*Section 6 (10) Health Professions Act*). As we ask that all referrals be made over the phone (verbal) we do require that this is followed by written information from the referring physician office (*Section 6 (8) Health Professions Act*).

Not all urologists will see all urological problems and some may require additional testing. Please review the AUI Website for more information for each urologic specialist.

General Patient Information Required

Patient Name
Alberta Health care Number
Address, City, Province, Postal Code
Primary Phone
Alternate Phone
Date of Birth
Female or Male
Referral Physician

Referral Letter should include Medication List
*All Results must be within 30 days

Investigations Required Prior to Booking Referral for Specific Diagnosis

Hematuria (Microscopic or/ Gross)

Urine Culture
Urinalysis
Urine Cytology
Creatine
Renal U/S

LUTS/BPH/Urinary retention

Bladder Ultrasound with post void residual results
PSA in males
Urine Culture
Creatine

Solid Renal Mass on Ultrasound

Chest X-ray – posteroanterior and lateral
CBC, lyes, creat, ALT, Total Bili, Alk Phos, LDH, Ca, PO4, PT INR, U/A

Cystic Mass on Ultrasound

If a simple cyst or Bosniak I cyst no referral is needed
If a complex cyst lyes, creat, u/a

Recurrent/Known Stones

Serum Creatinine
Urinalysis

If the patient has a history of stones composed of calcium which have been visible in the past on plain x-ray then referral with a KUB plus or minus a renal ultrasound is sufficient
If the patient has a history of uric acid stones then they should have a renal colic CT prior to referral

New Stones

Serum Creatinine
Urinalysis
Renal Colic CT scan

The office may request a KUB be done at the time of the appointment if the patient is out of town and shockwave lithotripsy is being contemplated as a treatment option.

Alternatively, if the patient does not live near a CT scan it would be acceptable to have a combination of a renal ultrasound and KUB documenting the stone.

Referrals with only an ultrasound documenting the stone may be refused until the CT scan or accompanying KUB can be arranged.

UTI's

Three previous urine culture and sensitivities
Urinalysis
Renal Bladder Ultrasound
PSA in males (over age of 45); Avoid in setting of acute cystitis
Medication list, including list of antibiotics previously used

Scrotal Issues/Complaints (Hydrocele, varicocele, spermatocele ect) (Bochinski)

Scrotal Ultrasound Results
Solid Masses requires a physician to physician call

Urinary Incontinence

Voiding Diary - patient to bring to appointment
PSA in males
Post void residual if obstructive symptoms present
Urinalysis
Serum Creatinine if obstructive symptoms present

Medication list, including list of anticholinergics previously used

Elevated PSA

Require elevated PSA result and additional PSA to validate the elevated value

Urinalysis

Erectile Dysfunction

If and what medication has been tried

A urologist office will respond verbally or in writing to a request for a non-urgent consultation from a referring physician within thirty (30) business days of receipt of a complete request (*Section 6 (13) Health Professions Act*).

If an urologist is being requested solely for the purpose of providing a third party with information (for example, an insurance company), then the referring physician must, at the time of the request for consultation, clearly identify that the consultation is requested for this purpose (*Section 6 (11) Health Professions Act*).

We do ask that all referring physicians Interact with patients and families, visitors, employees, physicians, volunteers, health care providers and any others with courtesy, honesty, respect, and dignity as per the CPSA Code of Conduct (Respect for Others (a)).