**The Urology Clinic** has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral. Please mark the appropriate box(s) as indicated.

**1. Gross /microscopic hematuria: defined by visually seeing blood or clots in urine. Microscopic is >3 RBC per high powered field (HPF)**

**An exception that would not need workup would be someone that had UTI causing microscopic hematuria- need repeat UA C/S at 6 weeks and if hematuria resolved no further workup indicated.*

For further clarification of guidelines please refer to: http://www.aafp.org/afp/2001/0315/p1145.html.

- ☐ Voided urine cytologies X2 on separate occasions
- ☐ CT Abd/Pelvis with and without IV contrast, with delays to evaluate the urinary collecting system.
- ☐ If renal failure and can't have IV contrast, renal ultrasound and non-contrast CT
- ☐ Micro hematuria if > 40 years old. Same work up as gross hematuria. If < 40 years old only renal ultrasound—No CT scan
- ☐ Cystoscopy in urology clinic as outpatient procedure

**2. Elevated Prostate Specific Antigen (PSA)**

- ☐ Do not get PSA if patient is less than 55 years old or >75 years old and asymptomatic with no previous history or risk factors
- ☐ No need for DRE by PCP- will be done in Urology
- ☐ UA with C/S
- ☐ Copy of referral PSA on chart and a repeat PSA for confirmation of PSA elevation

**3. Testicular Mass- by exam of testicles**

- ☐ Time sensitive consult and should be seen by a urologist in < 1 week
- ☐ If symptoms of short of breath, weight loss, supraclavicular adenopathy patient should be seen in ER same day. If you have any concerns about patient compliance with instructions please have pt seen immediately in ER or urology clinic.
- ☐ Scrotal U/S and if confirmed testicular mass refer urgently to urology with the following test ordered. If U/S shows a hydrocele it can be referred to urology for routine appointment if symptomatic.
- ☐ Tumor markers (quantitative B-HCG, AFP, LDH)

- If testicular mass on scrotal ultrasound and elevated tumor marker order a staging CT Chest/Abd/Pelvis with IV and PO contrast regarding retroperitoneal mass.

**4. Kidney or Ureteral Stone**

- CT Abd/Pelvis without contrast. Can use previous CT scan if pt has recent CT imaging (<4weeks) and order renal U/S for current imaging.
- KUB ( to determine if shock wave lithotripsy is possible)
- UA C/S
- Start an alpha blocker to aid stone passage— tamsulosin 0.4 mg po a day if patient has a ureteral stone <7cm.

**5. Scrotal Pain**

- Scrotal/testicular U/S
- UA C/S
- If at risk for STD's <35yrs, multiple partner's, unprotected sex, etc. then evaluate with Gonorrhea/Chlamydia screen.

**6. BPH and LUTS (lower urinary tract symptoms) in men.**

- For symptoms of urgency, frequency nocturia and slow stream- check UA, check PSA, DRE and if normal start an alpha blocker (tamsulosin or doxazosin)
- Digital Rectal Exam (DRE) to rule out prostate nodule
- Trial of Medical Management (alpha blockers, tamsulosin 0.4 mg po q day, doxazosin 4 mg po q day )
- If patient is still symptomatic then refer to Urology

**7. Urinary Incontinence (female)**

- UA C/S
- Voiding diary (24 hr summary of when pt voids, when they leak and how much)
- Trial of anticholenergics (i.e. ditropan, detrol) and behavioral change (i.e. fluid limitation, stop coffee, and pelvic floor exercises, etc.)
- If still symptomatic refer to Urology

**8. Kidney mass or complex Cyst**

- CT Abd/Pelvis with and without IV contrast. If renal impairment (i.e. creatinine > 1.5) order non-contrast CT and renal U/S
- CMP
- CXR

**9. Recurrent Urinary Tract Infection UTI (multiple UTI's over a 6 month period)**

- ☐ Female—UA C/S, KUB and Renal U/S in those patients with history of renal stones. If sexually active, try post coital oral antibiotics prior to referral.
- ☐ Male-- UA C/S, KUB and Renal US

**10. Prostate Cancer (previous diagnosis—needs follow up or treatment)**

- ☐ Current PSA
- ☐ BMP
- ☐ Pathology report and prior imaging and treatment records related to prostate cancer.

**11. Prostate Nodule on digital rectal exam (DRE)**

- ☐ PSA
- ☐ UA

**12. Flank Pain**

- ☐ CT with and without contrast Abdomen & Pelvis
- ☐ BMP

**13. Testicular Pain**

- ☐ Rule out non-urologic causes of pain
- ☐ Scrotal/testicular U/S
- ☐ Urine analysis and culture

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