

Urology Central Intake Referral

This form is for **NON-URGENT** adult urology referrals.

Fax to 403.592.4250

For **URGENT** matters, call RAAPID at 403.944.4486 or Switchboard at 403.943.3000 to page the Urologist on call.

Confirm patient's current address before affixing label.

Name <i>(last first)</i>	
PHN / HRN	
Address	
Gender	Date of Birth <i>(yyyy-Mon-dd)</i>

Requested Provider

Appropriate provider assigned by intake protocol

Specific surgeon or clinic _____

Comments _____

Referral Guidelines

Attach referral letter and results of relevant investigations

Guidelines for recommended investigations can be located on the Alberta Referral Pathways website:

<https://www.albertahealthservices.ca/assets/info/hp/arp/if-hp-arp-cz-urology-qr.pdf>

Adrenal

Mass

Other _____

Bladder/Incontinence

Bladder mass on imaging Neurogenic bladder

Overactive bladder Elevated PVR/retention

Incontinence Fistula

Recurrent UTIs

Other _____

Fertility

Abnormal semen analysis

Family planning (*vasectomy request*)

Vasectomy reversal request

Other _____

Hematuria

Gross hematuria

Microhematuria

Kidney and ureter

Renal mass

Renal cyst

Hydronephrosis

Stone, asymptomatic

Stone, symptomatic or with obstruction

Other _____

Other relevant clinical details

Penis

Foreskin problems Erectile dysfunction

Cancer concern

Peyronie's disease/penile curvature

Other _____

Prostate

Male lower urinary tract symptoms (*LUTS*)

Elevated PSA or abnormal DRE

Prostatitis

Other _____

Scrotum

Hydrocele/spermatocele/varicocele

Other _____

Sexual function/andrology

Sexual dysfunction Low testosterone

Other _____

Testis

Testicular mass

Microlithiasis

Pain (*orchalgia*)

Other _____

Urethra

Female urethral disorder

Male urethral disorder

Other _____

Vagina

Pelvic organ prolapse

Other _____

Referral Source Name

Phone

Date *(yyyy-Mon-dd)*

AHS receives referrals on behalf of AHS and the Southern Alberta Institute of Urology (SAIU)