

## Humboldt County Referral Form – Specialty Guidelines

### St Joseph Health Medical Group UROLOGY

V.01.07.2020

- **Please ask your patient to contact us 5-10 business days after sending the referral, to schedule the appointment.**
- **For *Urgent Referrals*, call 445-3257 to speak with the Urologist on call.**
- **All imaging films (discs) not done at St Joes or Redwood Memorial must be brought by patients for a new patient appointment.**
- **Unless urgent, eRAF must be included in the referral for patients with Partnership Health Plan.**

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
ABDOMINAL/FLANK PAIN	Imaging, labs, and/or notes indicating treatment attempts and work up to rule out diagnosis	
BENIGN PROSTATIC HYPERPLASIA	Documentation of failure of medical therapy	PSA’s if available
CYSTS, HYDROCELES, SPERMATOCELES	Imaging indicating Cyst	
DYSURIA	UA’s w/ microscopy, culture/sensitivity if indicated	
ERECTILE DYSFUNCTION		Notes indicating treatment attempts and workup, if any
ELEVATED PSA	At least 2-3 PSA results (looking for trend) with at least 1 PSA >4, six weeks apart	
HEMATOSPERMIA	PSA for patients over age 40, microscopic urinalysis	
HEMATURIA, GROSS OR MICRO	UA <b>with microscopy</b> indicating blood in absence of infection	UA results with at least one positive micro for blood
KIDNEY STONES	Imaging indicating stones	Priority for obstructing stones, those > 7mm
MASSES/NEOPLASMS OF ANY KIND	Imaging indicating mass	

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<b>NOCTURIA</b>		Notes indicating treatment attempts and workup, if any
<b>PROSTATE CANCER</b>	Treatment, progress notes confirming dx, pathology and labs supporting dx	
<b>PROSTATITIS</b>		PSA's if available, past treatment and progress notes
<b>STENT MANAGEMENT FROM OTHER MD</b>	To be reviewed by md on case by case basis, imaging indicating stent location. Op report detailing stent type and placement, documented reason for stent	
<b>TESTICULAR PAIN/SORENESS</b>	Scrotal ultrasound, demonstrating mass or other pathology	Notes indicating treatment attempts, and workup, if any, other imaging
<b>TESTICULAR TORSION</b>	<b>CONTACT PT IMMEDIATELY TO GO TO ER</b>	
<b>URETHRAL OBSTRUCTION</b>		Treat as urgent if patient can't void
<b>URINARY INCONTINENCE URINARY URGENCY URINARY FREQUENCY URINARY DRIBBLING</b>	Notes indicating treatment attempts and work up, if any	
<b>URINARY RETENTION</b>		Treat patients with PVR >300ml as urgent
<b>UTERINE PROLAPSE</b>	Refer to Gynecology	
<b>Bladder Prolapse</b>	Notes indicating treatment attempts and work-up, if any	
<b>UTI/RECURRENT UTI/RX RES. UTI</b>	Will only see if other complication factors are in place. Imaging needed (ie stones)	Renal ultrasound with bladder and PVR. Notes indicating treatment attempts and workup, if any.
<b>REFERRAL FOR CONVICTS (Jail or prison must be contracted with our medical group)</b>	Appointment first thing in the morning, 40 min duration, tell officer to arrive 30min prior	Officers and patient to use back entrance