

Humboldt County Referral Form – Specialty Guidelines

St Joseph Health Medical Group UROLOGY

V10.29.18

- **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	
HEMATURIA, GROSS OR MICRO	UA with microscopy indicating blood in absence of infection	Two 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	
NOCTURIA		Notes indicating treatment attempts and workup, if any

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PROSTATE CANCER	Treatment, progress notes confirming dx, pathology and labs supporting dx	
PROSTATITIS		PSA's if available, past treatment and progress notes
STENT MANAGEMENT FROM OTHER MD	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	
TESTICULAR PAIN/SORENESS	Scrotal ultrasound, demonstrating mass or other pathology	Notes indicating treatment attempts, and workup, if any, other imaging
TESTICULAR TORSION	CONTACT PT IMMEDIATELY TO GO TO ER	
URETHRAL OBSTRUCTION		Treat as urgent if patient can't void
URINARY INCONTINENCE URINARY URGENCY URINARY FREQUENCY URINARY DRIBBLING	Notes indicating treatment attempts and work up, if any	
URINARY RETENTION		Treat patients with PVR >300ml as urgent
UTERINE PROLAPSE	Refer to Gynecology	
Bladder Prolapse	Notes indicating treatment attempts and work-up, if any	
UTI/RECURRENT UTI/RX RES. UTI	UA's and cultures indicating dx, six weeks apart. Ultrasound or CT, evidence of stone retention or mass	Renal ultrasound with bladder and PVR. Notes indicating treatment attempts and workup, if any.
REFERRAL FOR CONVICTS (Jail or prison must be contracted with our medical group)	Appointment first thing in the morning, 40 min duration, tell officer to arrive 30min prior	Officers and patient to use back entrance