APCR
Prostate Cancer Centre

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Referral

Patient Name:

Date of Birth:

Referring GP Details:

REFERRED FOR

- ☐ Abnormal PSA Result
- ☐ Abnormal Digital Rectal Exam
- ☐ Pre/Rehabilitation for Prostatectomy**
- ☐ Lower Urinary Tract Symptoms
- ☐ Androgen Deprivation Therapy Management**
- ☐ Endocrinology
- ☐ Urinary Symptoms - Continence*
- ☐ Chronic Pelvic Pain/ Pelvic Floor Dysfunction*
- ☐ Sexual Function
- ☐ Psycho-Oncology
- ☐ Other (please comment below)

ATTACH RELEVANT

- ☐ Pathology
- ☐ Radiology

* provide TCA for Physiotherapy
** provide TCA for Physio / Exercise Physiology

COMMENTS