Can you confirm there are No Red Flags

Far West Local Health District

Broken Hill Urology Outpatients

Referral framework description

|  |  |
| --- | --- |
| **Do not refer the following**   * **Erectile dysfunction** * **Pure stress incontinence** | **Send referral to…**  **Broken Hill Outpatient Service**  [FWLHD-OutpatientServices@health.nsw.gov.au](mailto:FWLHD-OutpatientServices@health.nsw.gov.au)  **Fax referral** to 08 8087 3689 |

**Name of clinical department**

* Urology Outpatients Clinic

**Indications for specialist referral**

* Voiding dysfunction

**Referral information required**

* Name and patient demographic
* Diagnosis
* History and Physical Examination
* Pertinent Past illness, surgery and FH of Malignancy
* Pertinent investigation results
* Medication List and allergies

**Investigations required**

* MSU x 2
* Renal tract US with post voiding residual (and prostate size if a male)
* PSA if a male
* 48 hr bladder diary (mainly need time and volume voided)

**Initial management**

* Acute pain management

**‘Red Flag’ items**

* N/A

**How to access care in the event of a ‘red flag’**

* N/A

**Please fax or email referral to**

* Direct Number:0400 559 440
* Fax: 08 8087 3689
* Email: tania.hossack@health.nsw.gov.au

**Other Information**