

ESWL UROLOGY (LITHOTRIPSY) REFERRAL FORM



For completion by Consultant Urologist
Please email to lithotripsy@cromwellhospital.com
Direct fax: +44 (0)20 7835 2402
Telephone: +44 (0)20 7244 4860

London Lithotripter Centre
 Bupa Cromwell Hospital
 164-178 Cromwell Road
 London
 SW5 0TU

<p>Patient details or sticker</p> <p>Surname</p> <p>First name</p> <p>MRN</p> <p>DOB Sex <input type="checkbox"/> F <input type="checkbox"/> M</p> <p>Telephone number.....</p> <p>Email.....</p> <p>1st session (M14001) <input type="checkbox"/></p> <p>2nd session (M14002) <input type="checkbox"/></p> <p>3rd session (M14003) <input type="checkbox"/></p> <p>Please tick relevant box if you can provide:</p> <p>Latest KUB <input type="checkbox"/> CT/MRI <input type="checkbox"/></p> <p>IVU <input type="checkbox"/> Reports <input type="checkbox"/></p>	<p>Contra-indications checklist (please tick)</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td colspan="3"><u>Absolute Contra-indications</u></td> </tr> <tr> <td>*Pregnancy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3"><u>Relative Contra-indications</u></td> </tr> <tr> <td>*Anticoagulant/platelet therapy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">(e.g. Aspirin, Warfarin, Clopidogrel, Rivaroxaban, Apixaban, Ticagrelor, Prasugrel)</td> </tr> <tr> <td>*Presence of urinary tract infection</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>*Stricture distal to stone site</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>*Pacemaker</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>*Abdominal aortic aneurysm</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	<u>Absolute Contra-indications</u>			*Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<u>Relative Contra-indications</u>			*Anticoagulant/platelet therapy	<input type="checkbox"/>	<input type="checkbox"/>	(e.g. Aspirin, Warfarin, Clopidogrel, Rivaroxaban, Apixaban, Ticagrelor, Prasugrel)			*Presence of urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	*Stricture distal to stone site	<input type="checkbox"/>	<input type="checkbox"/>	*Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	*Abdominal aortic aneurysm	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																													
<u>Absolute Contra-indications</u>																															
*Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>																													
<u>Relative Contra-indications</u>																															
*Anticoagulant/platelet therapy	<input type="checkbox"/>	<input type="checkbox"/>																													
(e.g. Aspirin, Warfarin, Clopidogrel, Rivaroxaban, Apixaban, Ticagrelor, Prasugrel)																															
*Presence of urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>																													
*Stricture distal to stone site	<input type="checkbox"/>	<input type="checkbox"/>																													
*Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>																													
*Abdominal aortic aneurysm	<input type="checkbox"/>	<input type="checkbox"/>																													

Relevant medical and drug history:

Allergies:

Details of calculi to be treated

SIDE (please circle): **L** **R**

SITE (please state):

Drug information:

For each course of Lithotripsy your patient will be administered the following analgesic pre-medication, under a Patient Group Direction (PGD):

*Diclofenac 100mg suppository x 1

WITH EITHER

*Codydramol 10/500 tablets x 2
OR *Cocodamol 30/500 tablets x 2
OR *Paracetamol 500mg tablets x 2

In the event of painful ESWL treatment, patients may be administered:

*Oral Morphine Sulphate solution 10mg/5ml

Please note:

The prescription of antibiotic prophylaxis is to be assessed and managed by the referring consultant within the context of the pre-referral work-up.

Referring consultant name (please print).....

Telephone number.....GMC number.....Date.....

Referring consultant signature.....