Direct Access Cystoscopy Referral Form

Patients Name: ____
D.O.B: ____
Address: ____
Mobile: ____
Email: ____
Referring Dr: ____
Date of referral: ____

PLEASE REVIEW FOR FLEXIBLE CYSTOSCOPY FOR INVESTIGATION: (tick relevant symptom)

☐ Macroscopic haematuria
☐ Microscopic haematuria
☐Recurrent urine infections
☐ Sterile pyuria
☐ Bladder or Urethral pain
☐ Bladder cancer surveillance

All other conditions need to be referred for an initial consultation.

All of the following tests need to be completed and sent to Dr Delaney's office for review prior the cystoscopy being booked.

1. Urine Microscopy
2. Urine Cytology
3. Urinary Tract Imaging – Renal tract ultrasound or CT IVP

Please forward all results to Dr Delaney with this form and a referral outlining patients past medical history and current medications.

The procedure will not be booked without all of the above results, this form and a referral.

More complex problems requiring evaluation should be referred for initial consultation as usual. Patients may be recommended for prior review at time of initial referral or for subsequent review and further assessment following cystoscopy if deemed appropriate.

Patient instructions

- No need to fast
- No need for a full bladder
- No need to cease warfarin or other anticoagulants
- No sedation
- Continue usual medication
- Able patients can self-drive
- No accompanying person needed unless usually required

To book

Email to: reception@drdanielledelaney.com.au or fax to: 02 8208 9846

Ask patient to phone 02 8920 1161 during office hours Mon-Fri for an appointment.

Dr Delaney Direct Access Cystoscopy Service
Phone: 02 8920 1161 Fax: 02 8208 9846
Email: reception@drdanielledelaney.com.au webpage: www.drdanielledelaney.com.au