



INTER-HOSPITAL TRANSFER REFERRAL FORM FOR BEAUMONT UROLOGY (GENERAL)

** Referring Team must discuss case with registrar on call **BEFORE** submitting this form**
(01) 809 3000 Ext **8701**

Send via secure email to urologyregistrar@beaumont.ie // Subject heading "**Reg name_Patient Name_Hospital**"
Incomplete forms will be returned to sender. Receipt of this form does not indicate acceptance of transfer.

Referrer Contact Details

Referrer: _____ Role/Position: _____ MCRN: _____
Date: _____ Tel No: _____ Discussed with (Urology Registrar): _____

Patient Details

Surname: _____ First name: _____ DoB: _____
Hospital no: _____ Tel No: _____ Male [] Female []
Address: _____
Next of kin: _____ Contact No: _____ Relationship to patient: _____
First language: _____ Interpreter required: Y [] N []

Clinical Details

Working diagnosis: _____ Is patient in critical state: Yes [] No []
Reason for transfer: _____ EWS at time of transfer (*details if not 0*): _____
History of presenting complaint:

Past medical history: _____ Past surgical history: _____

Medications: _____ Living situation: _____

Allergies (*details*): _____ Anticoagulation: Yes [] No [] *Details*: _____
Smoking: Never [] Ex-smoker [] Smoker [] Alcohol: Yes [] No [] Units/week: _____

Laboratory Investigations

Hb _____	Urea _____	Corr Ca ²⁺ _____	Urine MCS/Date: _____
WCC _____	Creat _____	INR _____	Growth: _____
Plt _____	Na ⁺ _____	Urine Dip: Yes [] No []	Sensitivities: _____
CRP _____	K ⁺ _____	_____	

COVID-19: Positive [] Contact [] Negative [] Date of last swab: _____

Radiology

Reports of ALL radiological investigations should be attached in full to this transfer form.

Scan:	Hospital:	Date:	Report on NIMIS:	CD required:
_____	_____	_____	Yes [] No []	Yes [] No []
_____	_____	_____	Yes [] No []	Yes [] No []
_____	_____	_____	Yes [] No []	Yes [] No []

Treatments

IV cannula:	Yes [] No []	Details: _____	Date placed: _____
Antibiotics:	Yes [] No []	Details: _____	Date commenced: _____
Urinary catheter:	Yes [] No []	Details: _____	
IV fluids:	Yes [] No []		

Results / Additional information: