



- Prof. Flynn Mr. Manecksha
 Mr. Thomas Ms. Smyth

Acute Ureteric Colic – Referral Proforma

Addressograph

Patient mobile number _____

History

Duration of flank pain ___ days ___ weeks ___ months

Side Right Left

Urinary Symptoms Yes No

Clinical findings

Temperature: ___ °C MSU Report _____

Urine dipstick: Bld ___ Leu ___ Nit ___

Bloods: WCC ___ Creat ___ Ca²⁺ ___ Uric acid ___ CRP ___

CT findings of obstructing stone:

Side: Right Left

Site: Upper Middle Lower

Size: ___ mm (transverse) X ___ mm (length)

****KUB must be performed if stone(s) confirmed on CTKUB to establish radio-opacity****
**** (this is necessary to facilitate follow up) ****

HAVE YOU PERFORMED A PLAIN FILM XRAY (KUB)?: Yes No

Past History

Solitary kidney: Yes No

Anticoagulants: Yes No Please specify: _____

History of renal stones Yes No Date of last episode: _____

Past medical history (list) _____

Medications (list) _____

Contact details of referring team:

Print name (Block capitals): _____ Signature _____ Mobile Number: _____

Referring Consultant: _____ Hospital: _____ Date: _____

It is imperative that all patients referred for conservative management have a plain film xray (KUB) performed immediately after CTKUB. We compare this to a KUB when the patient returns to clinic to confirm if the stone has passed. Incomplete forms will be returned and the referral will be rejected.