Visible haematuria without proven infection: referral

This is original independent practice material. Assume that today's date is 6 November 2026. Mr Keapock has returned to discuss his urine results. You are the general practitioner reviewing Mr Jordon Keapock. Using the information in the case notes, write a referral letter to Dr Giulietta Pontecorvo, Consultant Urologist, requesting urgent investigation of his haematuria. Distinguish his account of the bleeding from the verified findings. Address the letter to Dr Giulietta Pontecorvo, Consultant Urologist, Urgent Urology Clinic, 24 Station Road, SW1V 1AA. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Mr Jordon Keapock	☐	☐	☐
2. DOB: 14/03/1968 (58 yrs)	☐	☐	☐
3. Current review: 06/11/26	☐	☐	☐
Social background			
4. Lives with partner; independent in daily activities	☐	☐	☐
5. Retired electrician; enjoys photography	☐	☐	☐
6. Complained receptionist was unfriendly when booking appointment	☐	☐	☐
Medical history			
7. Former smoker: approximately 20 pack-years; stopped 2018	☐	☐	☐
8. External haemorrhoids; occasional blood on paper after straining	☐	☐	☐
9. Appendicectomy 1987; uncomplicated recovery	☐	☐	☐
10. No anticoagulants; no known drug allergies	☐	☐	☐
Presenting history			
11. 02–05/11: reports 3 painless bleeding episodes after urination; source uncertain	☐	☐	☐
12. First episode: blood on toilet paper; pt assumed haemorrhoids	☐	☐	☐
13. Pt has not definitely seen blood mixed with stool; bowel habit unchanged	☐	☐	☐
14. No dysuria, frequency, fever or flank pain	☐	☐	☐
Investigations			
15. 04/11: clean-catch MSU visibly pink in clinic; microscopy: numerous RBCs	☐	☐	☐
Investigations			
16. Urine dipstick: nitrites/leucocyte esterase negative	☐	☐	☐
17. 06/11: MSU culture no growth; sample collected before any antibiotics	☐	☐	☐
18. FBC: no anaemia; renal function within laboratory reference limits	☐	☐	☐
19. No antibiotics prescribed	☐	☐	☐
Current assessment			
20. Today: no further visible blood since yesterday; denies clots	☐	☐	☐
21. Afebrile; haemodynamically stable; passing urine freely	☐	☐	☐
22. Abdomen soft, non-tender; no palpable mass	☐	☐	☐
23. Rectal examination: small external haemorrhoid, not bleeding; no palpable rectal mass	☐	☐	☐
24. No urinary tract imaging performed; no previous urological assessment	☐	☐	☐
25. Cause undetermined; infection not proven	☐	☐	☐
26. Haemorrhoid does not establish source of reported bleeding	☐	☐	☐
Discussion and plan			
27. Explained need to investigate urine findings despite uncertainty	☐	☐	☐
28. Plan: urgent urology referral to investigate haematuria, including possible malignancy	☐	☐	☐
29. Pt agrees to referral; worried about cancer; understands diagnosis remains uncertain	☐	☐	☐
30. Previous shoulder strain resolved with physiotherapy	☐	☐	☐

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