Prostate Cancer Supportive Care (PCSC) Program
BC Cancer-Kelowna, Sindi Ahluwalia Hawkins Centre
399 Royal Avenue, Kelowna BC V1Y 5L3
Phone: (250) 212-4264 or Fax: (250) 712-3911

PCSC Sexual Health Service Referral

Date of Referral: _____

Please complete patient information or attach a label

Patient Name: _____

Date of Birth (MM-DD-YYYY): _____PHN#: _____

Address: _____

Telephone: (h)_____(w/c)_____

Email _____

Partnered: ☐ Yes ☐ No (M/F/Unknown)

Referring Doctor: _____

Family Doctor: _____

Urologist: _____ Rad. Oncologist: _____

Please attach the following records to this referral:

- ☐ Medical History (i.e., prostate cancer treatment, cardiovascular diseases, comorbidities)
- ☐ Pathology Report
- ☐ Surgical Operative Report and/or Treatment Reports
- ☐ Most recent blood work (PSA)
- ☐ Relevant & most recent consult letters

****Please fax relevant documents listed above that will assist with the referral****
(incomplete referrals will not be processed)