VANCOUVER PROSTATE CENTRE
A UBC & VGH Centre of Excellence

Prostate Cancer Supportive Care (PCSC) Program
Level 6 Station 3, 2775 Laurel Street
Vancouver, BC V5Z 1M9
Phone: (604) 875-4485 or Fax: (604) 875-4637

Prostate Cancer Supportive Care

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)