Prostate Cancer Supportive Care (PCSC) Program Sexual Rehabilitation Clinic

Date of Referral:	
Patient Name:	
Date of Birth (MM-DD-YYYY):	PHN#:
Address:	
Telephone: (h)	(w/c)
Email :	
Partnered : ☐ Yes ☐ No (M/F/Unknown)	
Referring Doctor :	MSP# :
Family Doctor :	
Urologist :	Rad. Oncologist :

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

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

****Please select one of the sites below****

☐ PCSC Program, Vancouver (VPC)	Phone: (604) 875 - 4485	Fax: (604) 875 - 4637
☐ PCSC Program, BC Cancer- Surrey	Phone: (604) 587 - 4315	Fax: (604) 297 - 9917
☐ PCSC Program, BC Cancer - Victoria	Phone: (250) 519 - 5659	Fax: (250) 519 - 2042
☐ PCSC Program, BC Cancer - Kelowna	Phone: (250) 212 - 4264	Fax: (250) 712 - 3911
☐ PCSC Program, BC Cancer - Prince George	Phone: (250) 645 - 7355	Fax: (250) 645 - 7381