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) 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