

Prostate Cancer Supportive Care (PCSC) Program Sexual Rehabilitation Clinic

****Please submit *No Charge Referral 03333* to Dr. Ryan Flannigan (Sexual Health Clinic MD Lead)****

Date of Referral:	
Patient Name:	
Date of Birth (MM-DD-YYYY):	PHN#:
Address:	
Telephone: (h)	(w/c)
Email :	
Partnered : <input type="checkbox"/> Yes <input type="checkbox"/> 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