



Prostate Cancer Supportive Care



VANCOUVER PROSTATE CENTRE
A UBC & VGH Centre of Excellence

Prostate Cancer Supportive Care Program
Gordon & Leslie Diamond Health Care Centre
2775 Laurel Street – 6th Floor
Vancouver, BC V5Z 1M9

T: (604) 875-4485
F: (604) 914-3003
E: pcsc@vch.ca

PROSTATE CANCER SUPPORTIVE CARE (PCSC) PROGRAM REFERRAL

REFERRAL DATE (MM/DD/YYYY):

PATIENT INFORMED OF REFERRAL: Yes No

REFERRING PHYSICIAN/PROVIDER (MSP #):

FAMILY PHYSICIAN (MSP #):

PATIENT LAST NAME:

PATIENT FIRST NAME:

DOB (MM/DD/YYYY):

PHN:

PATIENT PHONE NUMBER:

PATIENT EMAIL:

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

All referrals:

- Pathology
- Last consult note

If referring to the Sexual Health module, please include these additional documents:

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

PROGRAM MODULES

- | | |
|--|---|
| <input type="checkbox"/> Introduction to Prostate Cancer & Primary Treatment Options | <input type="checkbox"/> Management of ADT Side-Effects |
| <input type="checkbox"/> Sexual Rehabilitation | <input type="checkbox"/> Pelvic Floor Physiotherapy |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Metastatic Disease Management |

Notes: _____

Please fax this referral form to:
ATTN: PCSC Program
Fax #: 604-914-3003