



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) 875-4637

REATMEN		E: pcsc@vch.	ca
PROSTATE CANCER SUPPORTIVE CARE (PCSC) PROGRAM REFERRAL			
REFFERAL DATE (MM/DD/YYYY)	:	PATIENT INFOR	MED OF REFFERAL: □Yes □No
REFERRING PHYSICIAN/PROVID	ER (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 mo	odule, please inclu	de these additio	nal documents:
☐ Medical History (i.e. prostate cand☐ Most recent blood work (including☐ Surgical Operative Report and/or☐ Consult letters	PSA)		s, comorbidities)
PROGRAM MODULES			
□ Introduction to Prostate Cancer & Primary Treatment Options			☐ Management of ADT Side-Effects
□Sexual Rehabilitation			□Pelvic Floor Physiotherapy
□Exercise			☐ Counselling
□Nutrition			\square Metastatic Disease Management
Notes:			
	Please fax this ro ATTN: PCSO Fax #: 604-	C Program	