



**BC Centre for Sexual Medicine (BCCSM) Referral Form**

Blusson Spinal Cord Centre 2<sup>nd</sup> floor  
818 West 10<sup>th</sup> Avenue, Vancouver, BC, V5Z 1M9  
Phone: (604) 875-4705 Fax: (778) 504-9746

We provide consultation and short-term treatment recommendations for patients with sexual problems including those of interest, arousal, ejaculation, orgasm and/or sexual pain. Therapy is possible in this clinic for some, but not all, sexual concerns. *For medico legal referrals, including ICBC, please contact physicians privately.*

Learn more at [www.vch.ca/BCCSM](http://www.vch.ca/BCCSM)

**PATIENT DEMOGRAPHICS**

(Last Name) \_\_\_\_\_ Male  Female  Other \_\_\_\_\_

(First Name) \_\_\_\_\_ Preferred pronouns \_\_\_\_\_

DOB (D/M/Y) \_\_\_\_\_ PHN # \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_

REFERRING DOCTOR \_\_\_\_\_ MSP # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

PRIMARY CARE PROVIDER \_\_\_\_\_ MSP # \_\_\_\_\_

Please check off all below. Required before triage.

All relevant consults, imaging and labs are attached

Mental health currently stable

Name of physician supervising mental health \_\_\_\_\_

No legal/ICBC claim

If paraphilia, no forensic issue

History of sexual abuse: Yes  No

If sexual abuse history present, this has been fully addressed

Name of physician to provide ongoing care \_\_\_\_\_

**Sexual Dysfunction Present**

**If dyspareunia, what are the findings on genital exam?**

**Psychiatric History, Treatment, and Current Status**

**Medical History**

**Surgical History**

**Medications (list or attach Pharmanet)**

**Substance Use**