

REFERRAL FORM - Please fax completed form to 778-504-9743

Is this a **New Referral** or **Re-referral** (*patient previously seen in clinic*)
 Is patient aware of this referral? Yes No
 Do we have permission to leave a message on the patient's phone/email? Yes No

Name: _____
 DOB: _____ PHN: _____ Cytology Lab ID Number: _____
 Address: _____
 Home Phone/Cell: _____ Email [REQUIRED]: _____

Health Care Providers: Please check the referring physician and provide all MD contact information

Referring MD - Name: _____ MSP #: _____ Phone/Fax: _____
 Specialist - Name: _____ MSP #: _____ Phone/Fax: _____
 Family MD or **Walk in Clinic** - Name: _____
 Is this referral: **Routine** (*first available*) **Urgent** - Explain why: _____

Reason for Referral: check all that apply

Vulvar symptoms (e.g. itch) Chronic daily vulvar pain
 Objective changes to vulvar skin (e.g. rash) Chronic sexual pain secondary to vulvar disorder
 Lesion suspicious for cancer, describe below Surgical consult
 Vulvar Intraepithelial Neoplasia Other: _____

Working Clinical Diagnosis: please specify Confirmed Provisional Not diagnosed

Relevant Clinical History and Findings All relevant information attached to referral (consults, test results). Referrals for chronic pain need up to date complete medical histories (pain, gynecological, medical history including co-morbidities recent clinical examination and psychosexual history).

Past Medical History / Problem List:

Special Considerations / Other Relevant Information (*psychosocial aspects of health, special needs, language issues*):

Is patient FLUENT in English? Yes No - translation services required. Specify what language patient speaks:
 French Mandarin Cantonese Punjabi Other: _____

Triage Information Clinic Use Only VDC VIN VONC MVP PVD GVD Not Appropriate
 4 weeks 8 weeks 12 weeks Comments: _____

Information for Referring MD Office

This referral is incomplete - please provide the following information - _____
 This referral is inappropriate for the Centre for Vulvar Health - SEE ATTACHED CRITERIA

The B.C. Centre for Vulvar Health provides **MULTIDISCIPLINARY** services to patients in B.C. with chronic vulvar diseases. Below is a list of our current clinical services.

Clinic	Inclusion (<i>Patients accepted</i>)	Exclusion (<i>Not accepted</i>)
<p>Vulvar Disease Clinic</p>	<p>>18 years old with</p> <ul style="list-style-type: none"> more than 3 months of vulvar symptoms that associated with objective clinical findings. no symptoms but objective vulvar skin changes and or lesions 	<p>We are unable to see patients referred for</p> <ul style="list-style-type: none"> general gynecological care (e.g. Pap smear). cosmetic gynecological surgery. Infectious vulvovaginal conditions (recurrent yeast, BV, HSV and genital warts) emergency gynecologic care (eg. acute Bartholin's cyst). vulvar lesions that can be seen and biopsied by a community gynecologist.
<p>Vulvar Pain Assessment Clinic</p> <p>This is a multidisciplinary assessment clinic which introduces strategies for managing vulvar pain for individuals with a new diagnosis of vulvodynia. We work with patients to develop a treatment plan, but do not provide ongoing care. Follow up care is provided by the referring physician.</p> <p><i>Follow up care is provided by the referring physician.</i></p>	<p>>18 years of age with >6 months of</p> <ul style="list-style-type: none"> vulvar discomfort or pain NOT related to a specific disorder (eg. herpes) or associated with objective clinical findings. superficial pain with vaginal penetration/sexual intercourse NOT related to a specific disorder (e.g. atrophy), or associated with objective clinical findings. 	<p>We are unable to see patients who</p> <ul style="list-style-type: none"> do not have a physician willing to provide shared care. Our patients are discharged back to their health care provider for ongoing care. are currently breastfeeding and/or less than 6 months' post-partum. have deep dyspareunia/pelvic pain. have sexual pain NOT related to a vulvar disorder. have complex chronic pain with multiple pain conditions. have poorly controlled psychiatric conditions
<p>Vulvar Intraepithelial Neoplasia / Vulvar Oncology Clinic</p>	<ul style="list-style-type: none"> previously diagnosed and treated VIN objective vulvar skin changes that are highly suspicious for VIN or vulvar cancer. biopsy proven VIN referred for treatment. benign vulvar conditions requiring complex vulvar surgery (e.g. Crohn's disease). 	<p>Those with</p> <ul style="list-style-type: none"> biopsy proven vulvar cancer should be referred directly to BC Cancer

Triage Process: Your office will be sent a fax, acknowledging we have received the referral. If you do not receive this within 2 weeks, it means we did not receive the referral and you will need to re-fax it to us

****FAILURE TO COMPLETE FORM IN FULL WILL RESULT IN APPOINTMENT DELAY. PLEASE ENSURE ALL APPROPRIATE CONSULTS ARE SENT WITH YOUR COMPLETED REFERRAL****