Vancouver Coastal Health

Psoriasis & Phototherapy Clinic1st Floor - Skin Care Centre
835 West 10th Avenue Vancouver, BCV5Z 4E8

Telephone: 604-875-5758
Fax: 604-875-4524

PSORIASIS & PHOTOTHERAPY CLINIC REFERRAL

Fax this completed form to **604-875-4524**
New patients will be contacted directly
REFERRALS ACCEPTED FROM DERMATOLOGISTS ONLY
We do not accept referrals with a diagnosis of Vitiligo. Please call the Vitiligo phototherapy clinic at 604-875-5151 for more information.

DATE:	**NAME / ADDRESS OF REFERRING DERMATOLOGIST (or office stamp)**
Surname, First name, Middle initial (or attach demographic label here)	
PERSONAL HEALTH NUMBER / **DOB:** YYYY/MM/DD	
PHONE NUMBER:	
STREET ADDRESS (including city & postal code)	**Referring Dermatologist SIGNATURE & MSP Practitioner #:**
PRIMARY CARE PHYSICIAN:	

Translation services required? ☐Yes ☐ No If yes, Specify language:

PERTINENT HISTORY

Reason for referral: ☐ New referral ☐ Re-referral ***please ensure to include most recent consult note**

Diagnosis: ☐ Psoriasis ☐ Atopic Dermatitis/Eczema ☐ Other diagnosis responsive to phototherapy **(please specify):**

Comments: _____

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PHOTOTHERAPY SERVICE REQUESTED

Drop-in services (Up to 3x/week as per clinic policies & guidelines)**:**

- ☐ Narrowband UVB (NB-UVB)
- ☐ Broadband UVB (BB-UVB)
- ☐ Broadband UVB/UVA combo

Clinic dermatologist directed treatment (will be assessed by PPC clinic physician):

- ☐Topical PUVA (Psoralen + UVA treatment to hands and/or feet)
- ☐Psoriasis Daycare Program (for moderate to severe Psoriasis)
- ☐ Long wave UVA-1
- ☐ Assessment with clinic dermatologist to determine phototherapy needs

Additional phototherapy treatment directives:

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PLEASE NOTE:
REFERRALS ARE VALID FOR 6 MONTHS. PLEASE RE-EVALUATE YOUR PATIENT WITHIN SIX MONTHS AND SUBMIT RE-REFERRAL TO ENSURE CONTINUED TREATMENT