

**PHC DERMATOLOGY CENTRE  
REFERRAL**



Referral Other

**Date of Referral:** \_\_\_\_\_  
(dd/mmm/yyyy)

**REFERRING PROVIDER:**

Primary Care Provider     Emergency Department

Specialist: (specify) \_\_\_\_\_

Printed name: \_\_\_\_\_

MSP #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

**Copy to:** \_\_\_\_\_

**PATIENT INFORMATION:**

Name:

PHN: \_\_\_\_\_  Male  Female

DOB: (dd/mmm/yyyy) \_\_\_\_\_  Other: \_\_\_\_\_

Patient address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal code: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Preferred language: \_\_\_\_\_  Interpreter required

**REFER TO SPECIALTY CLINICS**

Please visit the PHC Dermatology website for up-to-date inclusion/exclusion criteria and clinic descriptions  
(<https://www.providencehealthcare.org/dermatology-skin>) **NOTE: Referrals that do not meet the necessary criteria will be DECLINED**

- |                                                                   |                                                                                 |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> SPH Urgent Dermatology Clinic            | <input type="checkbox"/> Dermatology and Rheumatology Clinic (DART Clinic)      |
| <input type="checkbox"/> MSJ Urgent Dermatology Clinic            | <input type="checkbox"/> Phototherapy Intake Clinic                             |
| <input type="checkbox"/> Pigmented Lesions Clinic                 | <input type="checkbox"/> Contact Dermatitis Clinic                              |
| <input type="checkbox"/> Med Safe Clinic                          | <input type="checkbox"/> HIV Dermatology Clinic                                 |
| <input type="checkbox"/> Skin Health Liaison Clinic (SKiL Clinic) | <input type="checkbox"/> Skin Cancer in Renal Transplant Clinic (SCREEN Clinic) |

**REASON FOR REFERRAL:**

**Please include recent relevant medical history, medication records, investigations and lab results.**

**SEE ATTACHED:**     Consult Notes     Medication List     Lab Results     Allergies

**FAX completed referral and relevant info to CENTRAL INTAKE: 604-806-9356**    Phone: 604-806-9409  
This referral will be triaged by PHC Dermatology Centre physicians. For prompt booking, please ensure all sections are fully completed. Referrals may be declined after detailed review. The referring physician is responsible for contacting the patient and arranging alternate plans if the referral is declined.

**CLINIC LOCATIONS:**

<b>DAVIE</b>	518-1033 Davie St. Vancouver, BC	<ul style="list-style-type: none"> <li>• Urgent Dermatology Clinic</li> <li>• Phototherapy Intake Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Med Safe Clinic</li> <li>• DART Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Pigmented Lesions Clinic</li> <li>• Contact Dermatitis Clinic</li> </ul>
<b>SPH</b>	1081 Burrard St. Vancouver, BC	<ul style="list-style-type: none"> <li>• HIV Dermatology Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Skin Cancer in Renal Transplant (SCREEN Clinic)</li> </ul>	
<b>MSJ</b>	3080 Prince Edward St. Vancouver, BC	<ul style="list-style-type: none"> <li>• Urgent Dermatology Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Skin Health Liaison (SKiL Clinic)</li> </ul>	