



PHC DERMATOLOGY CENTRE
REFERRAL



* 9 1 4 0 *

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

(providencehealthcare.org/en/clinics/dermatology-centre) **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"/> Med Safe Clinic | <input type="checkbox"/> Contact Dermatitis Clinic |
| <input type="checkbox"/> Skin Health Liaison Clinic (SKiL Clinic) | <input type="checkbox"/> HIV Dermatology Clinic |
| <input type="checkbox"/> Surgical Dermatology Clinic | <input type="checkbox"/> Skin Cancer in Renal Transplant Clinic (SCREEN Clinic) |
| <input type="checkbox"/> Vulvar Dermatology Clinic | <input type="checkbox"/> Autoimmune Blistering Disease 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:

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