

REFERRAL FORM - Please fax completed form to 604-875-5807 or email to: CVHreferrals@vch.ca

Is this a [] New Referral or [] Re-referral (woman previously seen in clinic)
Is she aware of this referral? [] Yes [] No
Do we have permission to leave a message on her phone/answering service? [] Yes [] No

Name: _____
DOB: _____ PHN: _____ Cytology Lab ID Number: _____
Address: _____
Home Phone/Cell: _____ Work Phone: _____

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

[] Specialist 1 - Name: _____ MSP #: _____ Phone/Fax: _____
[] Specialist 2 - 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
[] Suspicious vulvar lesion, 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)

Past Medical History / Problem List:

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

Is she FLUENT in English? [] Yes [] No - translation services required. Specify what language she 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 women in B.C. with chronic vulvar diseases. Below is a list of our current clinical services.

Clinic	Inclusion (<i>Patients accepted</i>)	Exclusion
Vulvar Disease Clinic	<p>Women >16 years old with</p> <ul style="list-style-type: none"> <input type="checkbox"/> > 3 months of vulvar symptoms that are associated with objective clinical findings. <input type="checkbox"/> no symptoms but objective vulvar skin changes and or lesions. 	<p>Women referred for</p> <ul style="list-style-type: none"> <input type="checkbox"/> general gynecological care (eg. Pap smear) <input type="checkbox"/> emergency gynecologic care (eg. Acute Bartholin's Cyst). Please refer these patients directly to emergency.
Multi-disciplinary Vulvodynia Program	<p>Women > 19 years of age with > 6months of</p> <ul style="list-style-type: none"> <input type="checkbox"/> vulvar discomfort or pain NOT related to a specific disorder (eg. herpes), or associated with objective clinical findings. <input type="checkbox"/> superficial pain with vaginal penetration/sexual intercourse NOT related to a specific disorder (eg. atrophy), or associated with objective clinical findings. 	<p>Women</p> <ul style="list-style-type: none"> <input type="checkbox"/> who do not have a physician willing to provide shared-care. (Patients are discharged back to their health care provider for ongoing care.) <input type="checkbox"/> currently breastfeeding and/or less than 6 months' post-partum. <input type="checkbox"/> with only deep dyspareunia/pelvic pain. <input type="checkbox"/> with multiple chronic pain conditions better served by a complex pain program.
Vulvar Intra-epithelial Neoplasia (VIN) Follow up Clinic	<p>Women >16 years of age with</p> <ul style="list-style-type: none"> <input type="checkbox"/> previously diagnosed and treated VIN for long term surveillance and, <input type="checkbox"/> previously assessed in Vulvar Oncology 	<p>Women with</p> <ul style="list-style-type: none"> <input type="checkbox"/> objective vulvar skin changes that are suspicious for VIN that need immediate assessment/treatment.
Vulvar Oncology Clinic	<p>Women > 16 years of age with</p> <ul style="list-style-type: none"> <input type="checkbox"/> objective vulvar skin changes that are suspicious for VIN or vulvar cancer. <input type="checkbox"/> biopsy proven VIN referred for treatment. <input type="checkbox"/> benign vulvar conditions requiring complex vulvar surgery (eg. Crohn's disease) 	<p>Women with</p> <ul style="list-style-type: none"> <input type="checkbox"/> biopsy proven vulvar cancer. (Please refer directly to BCCA.)