

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

Is this a [] New Referral or [] Re-referral (patient previously seen in clinic)
Is she aware of this referral? [] Yes [] No
Do we have permission to leave a message on her 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
<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 (eg. Pap smear). • cosmetic gynecological surgery. • Infectious vulvovaginal conditions (recurrent yeast, BV, HSV and genital warts) • emergency gynecologic care (eg. acute bartholin's cyst).
<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>>19 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 (eg. 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 physicians 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 patients with multiple pain conditions. • have poorly controlled psychiatric conditions
<p>Vulvar intraepithelia 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. 	<p>Those with</p> <ul style="list-style-type: none"> • biopsy proven vulvar cancer should be referred directly to BCCA.