

We provide consultation and short-term treatment recommendations for patients with sexual problems including those of interest, arousal, ejaculation, orgasm and/or sexual pain. Therapy is possible in this clinic for some, but not all, sexual concerns.

For medico legal referrals, including ICBC, please contact physicians privately.

Learn more at www.vch.ca/BCCSM.

Referring physician to provide ongoing general care

FILL FORM COMPLETELY AS REQUIRED BEFORE TRIAGE

PATIENT NAME(Last) _____ Female Male Other

(First) _____

Preferred pronouns _____

Date of birth _____
(day) (month) (year)

PHN # _____

Patient address _____

City _____

Postal Code _____

Phone: H () _____ Cell () _____ W () _____ Local _____

REFERRING DOCTOR _____ MSP # _____

PRIMARY CARE PROVIDER _____ MSP # _____

Address _____

City _____

Postal Code _____

Phone () _____ Fax () _____

PATIENT'S EMAIL ADDRESS _____

PLEASE CONFIRM (CHECK OFF) ALL BELOW. REQUIRED BEFORE TRIAGE POSSIBLE.

No legal/ ICBC claim If paraphilia, no Forensic issue Mental health currently stable

Name of physician supervising mental health _____

Past sexual abuse: No , Yes

If yes, confirmation this has been adequately addressed +/- consults

Type of sexual dysfunction/concern* PLEASE TYPE OR PRINT legibly *
*If ED, does the man have firmer nocturnal (REM sleep) erections? Yes <input type="checkbox"/> No <input type="checkbox"/>
If dyspareunia, relevant findings on genital exam
Previous relevant consults, imaging, and labs: No <input type="checkbox"/> Yes and are attached <input type="checkbox"/>
Psychiatric diagnoses and current treatment
Medical conditions and surgeries
Medications
Substance use