BC CENTRE FOR SEXUAL MEDICINE (BCCSM) CONSULTATION SERVICE
UBC Hospital, Purdy Pavilion – Main Flr, Rm M41-2221 Wesbrook Mall, Vancouver, BC V6T 1Z9
Phone: 604-822-3690 Fax : 604-822-3148

REFERRAL FORM – FEMALE

We provide consultation and treatment recommendations for patients with concerns related to sexual function, including problems with interest, arousal orgasm and/or pain. Therapy is possible in this clinic for some, but not all sexual problems. Referrals are only accepted under the understanding that the referring physician will provide the ongoing care. For non- MSP-insured services, including ICBC please contact physicians privately.

NOTE : FULLY COMPLETED 2 page FORM IS REQUIRED BEFORE TRIAGE at BCCSM

PATIENT NAME (Last)_____

(First)_____

DOB_____**PHN**_____
(day) (month) (year)

Patient Address_____

City_____**Postal Code**_____

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

Partnered ☐ not partnered ☐ heterosexual ☐ gay/lesbian ☐ other_____

Referring doctor_____**MSP #**_____

Address _____

City_____**Postal Code**_____

Phone( )_____**Fax( )**_____

PLEASE CHECK OFF :

Referring physician to provide ongoing general care ☐ No legal/ ICBC claim ☐
Mental health currently stable ☐ Name of physician supervising mental health_____
If past sexual abuse: confirmation this has been adequately addressed +/- consults ☐

Prior lab/imaging ☐	**Gynecology ☐**	**Physical Medicine ☐**
Endocrinology ☐	**Urology ☐**	**Psychology ☐**
Cardiovascular ☐	**Psychiatry ☐**	**Sex Therapy ☐**
Internal Medicine ☐	**Oncology ☐**	**Pelvic Floor therapy ☐**
		Other ☐

Main sexual concern (s) : Please describe details and duration of the issue(s): treatment to date.

Sexual Function	Details
Sexual interest/desire	No concern ☐ Concern ☐ Problematically high ☐ good/fair ☐ low ☐ absent ☐ sexual aversion ☐ Other
Mental and Genital Arousal	No concern ☐ Reduced lubrication/vulvar swelling ☐ Reduced mental arousal ☐ Reduced genital sexual sensitivity ☐ Unwanted genital physical arousal (persistent genital arousal) ☐ Other
Sexual Pain	No concern ☐ Pain with entry: sexual intercourse/ penetration, or attempts ☐ Deep pain ☐ Pain with genital arousal ☐ Pain with genital touch ☐ **FINDINGS ON GENITAL EXAMINATION:**
Orgasm quality	No concern ☐ Unable to achieve orgasm whether alone or with partner ☐ Other orgasmic concern ☐ (describe)
Fertility concerns	No ☐ yes ☐ (if yes please describe) Current birth control, if applicable
Physical/medical issues	
Past & present psychiatric history & treatment	
Medications current and past as relevant	
Current sexual status: with self &/ or partner	
Drug/alcohol abuse past or present: provide past therapy results/consultations	