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 – MALE

We provide consultation & treatment recommendations for men with sexual difficulties, including problematic interest, arousal, erection, orgasm, ejaculation & 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** ☐ **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 ☐ Other:
Erection	No concern ☐ Can't attain ☐ Can attain but not maintain ☐ Morning (REM sleep) erection: present ☐ occasional ☐ absent ☐ Erection from self-stimulation: No concern ☐ Can't attain ☐ Can attain, not maintain ☐ Pain with erection yes ☐ no ☐ **FINDINGS ON GENITAL EXAMINATION:**
Ejaculation	No concern ☐ Fast or premature ☐ Delayed ☐ Unable to ejaculate ☐ Pain with ejaculation ☐ Other:
Orgasm quality	No concern ☐ Change in quality ☐ Unable to achieve orgasm ☐ Other:
Fertility concerns	No ☐ yes ☐ (if yes please describe)
Physical/medical issues	
Past & present psychiatric history & treatment	
Medications current and past as relevant	
Current sexual status: with self &/or partner	
Drug/alcohol/sexual abuse past or present: provide past therapy results/consultations	