Vancouver Coastal Health
Promoting wellness. Ensuring care.

Psoriasis & Phototherapy Clinic
First Floor - Skin Care Centre
835 West 10th Avenue
Vancouver, BC V5Z 4E8

Telephone: 604-875-5758
Fax: 604-875-4524

PSORIASIS & PHOTOTHERAPY CLINIC REFERRAL

*Fax this completed form to **604-875-4524** and the patient will be contacted directly.*
This clinic is only able to accept referrals from dermatologists.

PLEASE PRINT CLEARLY (or attach demographic label)

BILLABLE TO ☐ MSP ☐ WCB ☐ OTHER		NAME / ADDRESS OF REFERRING DERMATOLOGIST AND MSP PRACTITIONER # (or office stamp)
PERSONAL HEALTH NUMBER	DOB: YYYY/MM/DD | |	
SURNAME OF PATIENT FIRST NAME AND MIDDLE INITIAL		
TELEPHONE# (INCLUDE AREA CODE)	☐ MALE ☐ FEMALE PREGNANT: ☐ YES ☐ NO	PRIMARY CARE PHYSICIAN:
ADDRESS	CITY/TOWN	POSTAL CODE

☐ Translation services available on special request (Please specify language): _____

PERTINENT HISTORY

REASON FOR REFERRAL / BRIEF HISTORY ☐ NEW REFERRAL ☐ RE-REFERRAL

☐ Psoriasis
☐ Atopic dermatitis/Eczema
☐ Other photoresponsive diagnosis: _____

_____

_____

_____

PHOTOTHERAPY SERVICE REQUESTED

☐ NB-UVB
☐ BB-UVB
☐ UVB+UVACombo
☐ Topical PUVA (Hands & Feet)*
☐ Day Care (Moderate to Severe Psoriasis Only)*
☐ Long wave UVA-1*
☐ Special Phototherapy Assessment with Clinic Dermatologist*

**Patient will be seen by a clinic dermatologist at the Psoriasis & Phototherapy Clinic*

PLEASE NOTE

REFERRALS ARE VALID FOR SIX MONTHS.
PLEASE RE-EVALUATE YOUR PATIENT WITHIN SIX MONTHS TO ENSURE CONTINUED TREATMENT.

Incomplete referral information will result in delayed treatment.

OUR FACILITY IS A FRAGRANCE FREE ZONE