gps

Gynecologic Cancer Prevention and Survivorship Program

Gynecologic Cancer Prevention & Survivorship Program Referral

Patient Information (stamp/label)

Referring Physican:

Billing #:

Family Physican:

Referral Date:

Preferred Phone Number:

Alternate Phone Number:

Email Contact: Yes ◉ No ○

Email Address:

Address:

City/Town/Postal Code:

☐ **Patient meets program criteria**

☐ **Patient agrees to receive information about research associated with clinic**

Reason for Referrals:

- ☐ Pre-surgery Counselling
- ☐ General Survivorship
- ☐ Menopause Management
- ☐ Other: _____

Cancer Diagnosis:

- ☐ No cancer
- ☐ Ovarian cancer
- ☐ Endometrial Cancer
- ☐ Breast Cancer
- ☐ Cervix
- ☐ Other: _____

Genetic Testing Results:

- ☐ Testing, no mutation
- ☐ No testing
- ☐ BRCA1
- ☐ BRCA2
- ☐ Lynch Syndrome
- ☐ PALB2
- ☐ CHEK2
- ☐ BRIP1
- ☐ Other: _____

Send copies of the following:

- ☐ Brief summary of treatment to date
- ☐ Genetics testing/reports
- ☐ Pathology Reports
- ☐ Relevant CT, MRI, Bone Density, Ultrasound

Physician's Signature: _____

UBC

Vancouver CoastalHealth

Gynecologic Cancer Prevention and Survivorship Program • Gordon and Leslie Diamond Centre
6th Floor - 2775 Laurel Street, Vancouver, BC V5Z 1M9 • Tel: 604-875-4111 x20153 • Fax: +1-833-333-1839

gps