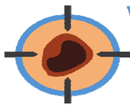

102-5120 Cordova Bay Road
Victoria BC, V8Y 2K5

Phone: 778-440-8774
Fax: 250-984-0867

Date of referral

Patient information

First Name: Last Name:

Date of Birth: **HIN:**

Phone Number:

Email:

Mailing Address:

Include patient's email to help expedite booking

Referring Practitioner

Name:

MSP No:

Phone:

Fax:

Clinic Name and Address:

Signature:

☐ **NEW Patient** ☐ 1st Available ☐ Prefers to see: _______________

OR

☐ **Returning Patient** *Please note new concerns AND advise patient to call the office to book directly*

1. URGENT SINGLE LESION

Location: ____

Clinical Impression: ☐ **Melanoma** ☐ SCC ☐ BCC

☐ Other: ___________________________

Referrals for Cysts will not be accepted

Has the lesion been assessed in person: ☐ YES ☐ NO

Has the lesion been biopsied ☐ YES ☐ NO

PLEASE SEND ALL RELEVANT PATHOLOGY

Brief History:

2. Total Body Skin Cancer Screening Exam (TBSE)

☐ Total Body Skin Cancer Screening Exam

☐ Total Body Photography (optional) with TBSE

and/or

☐ Specific area of concern > 1 lesion:______________

Brief History:

Risk Factors (Mandatory)

☐ Previous Melanoma

☐ Previous Non-Melanoma Skin Cancer

☐ Family History of Melanoma (1st degree relative)

☐ High Nevus Count (>100+)

☐ Excessive Sun/UV Exposure

☐ Other:

☐ None: (Explain Reason for referral)

For assessment < 2 weeks - please call clinic private line at 250-940-4541*

*******Referrals with incomplete information will NOT be accepted******

Referrals with incomplete information will NOT be accepted