

# Rapid Access Skin Cancer Clinic Referral



DERMATOLOGY +  
AESTHETICS CENTRE

## PATIENT INFORMATION:

Name Or Label: \_\_\_\_\_

PHN: \_\_\_\_\_

Male  Female  Other: \_\_\_\_\_

DOB (dd/mm/yy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal code: \_\_\_\_\_

Cell# (or Home#): \_\_\_\_\_

Email: \_\_\_\_\_

**An e-mail address is required as the majority of our communication is done via this method.**

Fax: 604-734-4887

Telephone: 604-359-9632

Address: A600 20020 84 Ave, Langley, BC V2Y 5K8

Email: info@qderm.ca

www.qderm.ca

Date: \_\_\_\_\_

## REFERRING PROVIDER:

Primary Care Provider

Specialist

Urgent Care/Walk-In

Nurse Practitioner/RN

Name: \_\_\_\_\_

MSP #: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

## REASON FOR REFERRAL

Patients should be made aware that their referral will be triaged to one of our dermatologists or Skin-focused general practitioners based on availability. If a patient sees a Skin-focused general practitioner, they may be internally re-referred to a dermatologist if necessary.

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NOTE (i.e. location, duration, treatments attempted and personal and/or family history of skin cancer)

**Please include relevant medical history, medication records, investigations, and labs.**

**See Attached:**

Consult notes  Medication lists  Lab Results  Allergies