



LIGHTHOUSE CLINIC
VIRTUAL SUBSTANCE USE SERVICE

Lighthouse Clinic – St. Paul’s Hospital
2C-208F 1081 Burrard Street, Vancouver, BC V6Z 1Y6

Phone: 604-806-8223 Fax: 604-681-6713
www.providencehealthcare.org

Date of Referral: Client Consent for Referral Obtained
Client name: Last name First name Pronouns Used
Preferred name/Alias: Gender Identity:
Address/ Primary location:
DOB: (dd/mmm/yyyy) PHN:
Primary care provider:
Contact information*: Client phone:
Best way to contact client:

*If client has no fixed address and no phone, provide alternate contacts and/or areas frequented for Outreach Team referral, or ask client to call the clinic directly for assessment toll free 1-877-842-8884.

REFERRAL SOURCE:

Physician/NP name: MSP No:
Agency Name:
Contact Name:
Contact Number: (required)

Lighthouse is accepting referrals for substance use management and treatment only. We do not provide primary care, chronic pain management, or mental health treatment. We will see patients for concurrent chronic pain and substance use disorder.

REASON(S) FOR REFERRAL: Provide relevant details for requested service.

Substance use
Relevant history / Additional information:
Relevant Medical/ Mental Health History:

Eligibility will be assessed based on the above criteria. Clients will be contacted directly to book an appointment if eligible.

Fax completed referral to 604-681-6713

For Office Use Only
Referral received: (date)
Review initiated: (date)
Status of review:
Initial intake booked: (date)
Referral source notified: Yes No – Reason:
Referral declined: Does not meet mandate Outside service area Other: