Providence HEALTH CARE
How you want to be treated.

Rapid Access Addiction Clinic
B533-1081 Burrard Street
Vancouver, BC Canada V6Z 1Y6
Tel (604) 806 8867
Fax (604) 297 9678
www.providencehealthcare.org

Rapid Access Addiction Clinic Referral

Date: _____

Client Name *(last, first, middle)*:_____
Alias / Given Names:_____
Gender: _____ **Date of Birth** *(dd/mm/yy)*:_____
PHN:_____ **Family Physician: _____**
Best way to contact client: _____

Referral Source
Physician Name & MSP# (*Required*):_____
Agency Name:_____
Contact Name:_____
Contact Number: _____

PLEASE CHECK ALL CLIENT'S NEEDS THAT REQUIRE ADDICTION CARE AND SERVICES. PROVIDE DETAILS WHERE SPACE ALLOWS:

( ) substance use - _____
( ) health issues- _____
( ) mental health - _____
( ) requires addiction provider - _____
( ) requires primary care provider - _____
( ) needs home support - _____
( ) other- _____

Assessment for eligibility for the clinic will be made based on the above needs. You will be notified of acceptance of referral and clients will be contacted as soon as possible for an appointment.

~ Fax completed form to (604) 297 9678 ~