



## RAPID ACCESS ADDICTION CLINIC (RAAC) REFERRAL

Rapid Access Addiction Clinic (RAAC) – St. Paul's Hospital  
2C-210 1081 Burrard Street, Vancouver, BC V6Z 1Y6

Phone: 604-806-8867 Fax: 604-297-9678  
www.providencehealthcare.org

**Date of Referral:** \_\_\_\_\_

Client name: \_\_\_\_\_  
Last name First name Preferred pronouns

Preferred name/Alias: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Other: \_\_\_\_\_

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 report to clinic for a walk-in assessment.

### REFERRAL SOURCE:

Physician/NP name: \_\_\_\_\_ MSP No: \_\_\_\_\_

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

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

Contact Number: (required) \_\_\_\_\_

RAAC 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. Indicate below if client is interested in Hep C evaluation/treatment.

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

☐ Substance use \_\_\_\_\_

☐ Hepatitis C evaluation/treatment \_\_\_\_\_

Relevant history / Additional information: \_\_\_\_\_

☐ Health concerns ☐ Mental health concerns \_\_\_\_\_

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

**Fax completed referral to 604-297-9678**

For Office Use Only	
Referral received: (date)	<input type="checkbox"/> RAAC <input type="checkbox"/> VCC <b>Referral declined:</b> <input type="checkbox"/> Does not meet mandate <input type="checkbox"/> Outside service area <input type="checkbox"/> Other:
Review initiated: (date)	
Status of review:	
Initial intake booked: (date)	
Referral source notified: <input type="checkbox"/> Yes <input type="checkbox"/> No – Reason: _____	

