

Rapid Access Ad iction Clinic (RAAC) Mental Health and Sub tance Use Services

1119 Pembroke Street Victoria BC Phone: 250-519-3776

Rapid Access Addiction Clinic (RAAC) Referral

Date:		
Client Name:		
Alias/Given	Names:	
Date of Birth	(dd/mm/yy):	
PHN:	Family Physician/GP/PCP:	
	ontact client:	
Referral Sour		
GP or PCP N	ame & MSP#:	
Agency Name	2.	
Contact Nam	e:	
	ber:	
PLEASE CH	ECK ALL CLIENT'S NEEDS:	
() substance	use	
() physical h	ealth issues	
	alth	
() requires p	rimary care provider	
() other		

You will be notified of acceptance of referral, and client will be contacted as soon as possible for an appointment.

~ Fax completed form to 250-381-3222 ~