

Substance Use Rapid Follow-up (SURF) Referral Form

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Name:	Gender/Pronoun(s):
PHN:	Cultural identity:
DOB:	Primary care provider:
Contact information:	Address/frequent hangouts:

Referrer Source/ Contact person: Phone number:	
Date of Referral:	
Reason for referral:	
Substance use history:	
Overdose history:	
Active Supports:	
Current goals related to substance use and in seeking support:	
Any other relevant information:	

Please ensure that the individual is aware of the referral and has provided consent