Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Adult and Seniors
Addiction Day Program (ASADP)
990 22nd Street
West Vancouver, BC V7V 4C2
Phone: 604-904-6180 / Fax: 604-904-6185

ADDICTION MEDICINE CONSULT
Referral Form

Client Information:

Patient Name: ______________________________ Gender M ☐ F ☐

PHN: (Required)______________________ DOB (mm / dd / yyyy): ______________________

Phone: (H) ____________________ (Mobile) ____________________ OK to leave message? Y N

Address: ______________________________ Postal Code: ______________

Reason for Referral/History of Present Illness:

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Signature: ______________________, MD MSP# ______________

Current Medications:

1. ______________________ 3. ______________________

2. ______________________ 4. ______________________

Past Psychiatric History/Addiction Treatment History:

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Past Medical History:

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