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

REFERRAL FORM

Client Information

Patient Name: _____ Preferred Name: _____ Gender M ☐ F ☐

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

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

Address: _____ Postal Code: _____

Referral Source: Person / Program: _____

Name of primary therapist if applicable: _____

Contact info: Phone: _____ Fax: _____

Address: _____ Postal Code: _____

PRESENTING CONCERNS

Mental Health:

Diagnoses/medication: _____

Psychiatrist if applicable_____ Phone: _____

Physical Health:

Medical concerns/Diagnoses: _____

Physician: _____ Phone: _____

Substance Use: (please indicate current (C) or Past (P)

___ Alcohol __ Nicotine ___ Cannabis ___ Cocaine / Crack

___ Stimulants / Crystal Meth ___ Hallucinogens / Ecstasy ___ Benzodiazepine ___ Opioids: _____

___ Other: _____

Other Concerns to be considered:

_____

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Client Name: _____

Current Living Situation: Stable for next 3 months ☐ Unstable ☐

_____

_____

Marital Status: _____

Legal History
Known Criminal History: YES ☐ NO ☐
Pending Charges: YES ☐ NO ☐ Next Court Date: _____

Previous Addiction Treatment: (include dates if known)

_____

_____

TREATMENT PLANNING

Client's stage of health behaviour change: _____

Identify client and primary therapist's treatment goals as these will direct our treatment planning at ASADP:

_____

Please note clients must participate in all aspects of the program which include: Yoga, Acupuncture / Seed Therapy, Educational and Therapeutic Groups

Are you aware of any reason the client could not participate in all aspects of the program for 10-15 hours/week
YES ☐ NO ☐

If yes, please describe:

_____

Other services available:

___ Medical Assessment and treatment recommendations with/without pharmacological intervention

___ Referral to Detoxification and/or other treatment programs

Please fax the completed form to our office at **604-904-6185**, at your earliest convenience.