RASS Richmond Addiction Services Society

200 - 7900 Alderbridge Way,
Richmond, BC V6X 2A5
Telephone: 604.270.9220
Fax: 604.270.9245

Referral Form

Name of client/patient: LAST NAME, FIRST NAME	**Date:**
DOB:	**Age:**
Home Phone Number:	☐ Call OK? ☐ Message OK?
Cell Phone Number:	☐ Call OK? ☐ Message OK?

Reason for Referral:

_____

_____

_____

_____

_____

_____

Name of person completing this referral: _____

This client/patient consents to receiving contact from Richmond Addiction Services.

Signed: _____

To be filled out by RASS Staff:
Follow-Up:
Results:

Thank you! These requests are processed every weekday and an intake counsellor will follow up within one business day.