RASS Richmond Addiction Services Society

105 – 8080 Anderson Road
Richmond, BC V6Y 0J5
Telephone: 604.270.9220
Fax: 604.270.9245

Referral Form

Name of client: LAST NAME, FIRST NAME	**Date:**
DOB:	**Age:**
Telephone Number:	☐ Call OK? ☐ Message OK?

Reason for Referral:

____
____
____
____
____
____

Name of referrer: ___________________________________

Referring organization: ____

Telephone Number of referrer: ______________________________

This client consents to receiving contact from Richmond Addiction Services.

Referrer's signature: ____

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

Thank you! These requests are processed Tuesday to Friday and an intake counsellor will follow up within one business day.

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