



Richmond
Addiction
Services
Society

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

Recovery Day Program Referral Form

Name of client: LAST NAME, FIRST NAME	Date:
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DOB:	Age:
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Telephone Number:	<input type="checkbox"/> Call OK? <input type="checkbox"/> Message OK?
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Reason for Referral:

Name of person completing this referral: _____

This person consents to receiving contact from Richmond Addiction Services.

Signed: _____

To be filled out by RASS Staff:

Follow-Up:

Results:

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

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