



Richmond  
Addiction  
Services  
Society

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

## Referral Form

<b>Name of client/patient:</b> LAST NAME, FIRST NAME		<b>Date:</b>
<b>DOB:</b>	<b>Age:</b>	
<b>Telephone Number:</b>		<input type="checkbox"/> Call OK? <input type="checkbox"/> Message OK?
<b>Reason for Referral:</b>		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<b>Name of person completing this referral:</b> _____		
<b>This person consents to receiving contact from Richmond Addiction Services.</b>		
<b>Signed:</b> _____		

<b>To be filled out by RASS Staff:</b>
Follow-Up:
Results:

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

**CONFIDENTIALITY WARNING**

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