



Rapid Access Addiction Clinic (RAAC)
Mental Health and Substance Use Services
1119 Pembroke Street
Victoria BC
Phone: 250-519-3485

Rapid Access Addiction Clinic (RAAC) Referral

Date: _____

Client Name (last, first, middle): _____

Alias / Given Names: _____

Date of Birth (dd/mm/yy): _____

PHN: _____ Family Physician: _____

Best way to contact client: _____

Referral Source

Physician Name & MSP# (Required): _____

Agency Name: _____

Contact Name: _____

Contact Number: _____

PLEASE CHECK ALL CLIENT'S NEEDS THAT REQUIRE ADDICTION CARE AND SERVICES. PROVIDE DETAILS WHERE SPACE ALLOWS:

- () substance use - _____
() health issues- _____
() mental health - _____
() requires addiction provider - _____
() requires primary care provider - _____
() needs home support - _____
() other- _____

Assessment for eligibility for the clinic will be made based on the above needs. You will be notified of acceptance of referral and clients will be contacted as soon as possible for an appointment.

~ Fax completed form to 250-381-3222
Please attach any relevant data and advise client to
Walk-in Monday or Friday at 9:00am to 1119 Pembroke