LIGHTHOUSE CLINIC
VIRTUAL SUBSTANCE USE SERVICE

Lighthouse Clinic – St. Paul's Hospital
2C-208F 1081 Burrard Street, Vancouver, BC V6Z 1Y6

Phone: 604-806-8223 Fax: 604-681-6713
www.providencehealthcare.org

Date of Referral: _____ Client Consent for Referral Obtained ☐

Client name: _____ _____
Last name First name Pronouns Used

Preferred name/Alias: _____ Gender Identity: _____

Address/ Primary location: _____

DOB: (dd/mmm/yyyy) _____ PHN: _____

Primary care provider: _____

Contact information∗: Client phone: _____

Best way to contact client: _____

∗If client has no fixed address and no phone, provide alternate contacts and/or areas frequented for Outreach Team referral, or ask client to call the clinic directly for assessment toll free 1-877-842-8884.

REFERRAL SOURCE:

Physician/NP name: _____ MSP No: _____

Agency Name: _____

Contact Name: _____

Contact Number: (required) _____

Lighthouse is accepting referrals for substance use management and treatment only. We do not provide primary care, chronic pain management, or mental health treatment. We will see patients for concurrent chronic pain and substance use disorder.

REASON(S) FOR REFERRAL: Provide relevant details for requested service.

☐ Substance use _____

Relevant history / Additional information: _____

☐Relevant Medical/ Mental Health History: _____

_____

_____

Eligibility will be assessed based on the above criteria. Clients will be contacted directly to book an appointment if eligible.

Fax completed referral to 604-681-6713

For Office Use Only	
Referral received: (date)	☐ **Referral declined:** ☐ Does not meet mandate ☐ Outside service area ☐ Other:
Review initiated: (date)	
Status of review:	
Initial intake booked: (date)	
Referral source notified: ☐ Yes ☐ No – Reason:	