



**LIGHTHOUSE CLINIC
VIRTUAL SUBSTANCE USE SERVICE REFERRAL**

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

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.

Date of Referral: _____

Client name: _____
Last name First name Preferred pronouns

Preferred name/Alias: _____ Gender Male Female Other: _____

Address/Primary location: _____

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

Primary care provider: _____

Contact information*: Client phone: _____

Best way to contact client: _____

*If client has no fixed address OR and/or 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:

Primary Care Provider name: _____ MSP Number: _____

Agency Name: _____

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

Substance use: _____

Additional information: _____

Medical/Mental health history: _____

Eligibility will be assessed based on the above criteria. Eligible, clients will be contacted directly to book an appointment.

Fax completed referral to 604-681-6713

For Office Use Only	
Referral received: (date)	<input type="checkbox"/> Referral declined: <input type="checkbox"/> Does not meet mandate <input type="checkbox"/> Outside service area <input type="checkbox"/> Other:
Review initiated: (date)	
Status of review:	
Initial intake booked: (date)	
Referral source notified: <input type="checkbox"/> Yes <input type="checkbox"/> No – Reason:	