

FREEDOM QUEST

PROFESSIONAL REFERRAL FORM

Referring Agent Information

Name: _____
Agency: _____
Phone: _____
Email: _____
Fax: _____
Date: _____

Client Information

Name: _____
Address: _____
Phone: _____
DOB: _____
PHN: _____
Alt. Contact: _____

Client is aware of referral

Please select the program to which you wish to refer and fax/phone your referral to that program.

Youth Substance Use Outreach Counselling	<input type="checkbox"/>	CASTLEGAR	PH: 250.304.9239	FAX: 250.304.2678	349 Columbia Ave., Castlegar, BC, V1N 1G6
	<input type="checkbox"/>	TRAIL	PH: 250.231.4962	FAX: 250.364.0083	#201 - 625 Victoria St., Trail, BC, V1R 3S9
	<input type="checkbox"/>	NELSON	PH: 250.505.9804	FAX: 250.352.3753	511B Lake St., Nelson BC., V1L 6C2
	<input type="checkbox"/>	NAKUSP	PH: 250.505.4376	FAX: 250.304.2678	611 Broadway St., Nakusp, BC
	<input type="checkbox"/>	SALMO	PH: 250.231.4962	FAX: 250.304.2676	Salmo Valley Youth and Community Centre
	<input type="checkbox"/>	GRAND FORKS	PH: 250.442.7979	FAX: 250.442.4324	Box 460, Grand Forks, BC, V0H 1H0
<input type="checkbox"/>	KALSO	PH: 250 353.8647	FAX: 250.304.2678	423 Front St., Kaslo, BC (Back Alley Entrance)	
Concurrent Disorders Clinician	<input type="checkbox"/>	REGIONAL	PH: 250.304.8031	FAX: 250.304.2678	Various locations
Day Treatment Program	<input type="checkbox"/>	REGIONAL	PH: 250.231.0316	FAX: 250.304.2678	349 Columbia Ave., Castlegar, BC, V1N 1G6
Prevention Services	<input type="checkbox"/>	REGIONAL	PH: 250.608.0997	FAX: 250.304.2678	Various locations
Bike Shop Program	<input type="checkbox"/>	TRAIL			
	<input type="checkbox"/>	NELSON	PH: 250.608.0997	FAX: 250.304.2678	349 Columbia Ave., Castlegar, BC, V1N 1G6
	<input type="checkbox"/>	CASTELGAR			

Reason for Referral

In your assessment, is this referral:

High Risk Medium Risk Low Risk