First Nations Virtual Substance Use and Psychiatry Services
Referral Form

501- 100 Park Royal South
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West Vancouver, BC Canada
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Substance Use Medicine Referral Form (Addiction Medicine)

The First Nations Virtual Substance Use and Psychiatry Service (FNvSUPS) provides Indigenous people and their families living in BC with **NON-URGENT** access to specialists in Addictions Medicine and Psychiatry and Mental Health and Wellness Care Coordinators. This is the referral form for the substance use service.

This is a **REFERRAL-BASED** service. We accept referrals from: Elders, nurses, peers, physicians, counsellors, social workers and other care team members. Care Coordinators and substance use clinicians are dedicated to the principles and practices of **cultural safety and humility,** and to delivering trauma-informed care. ***This is NOT an urgent service as there may be a significant wait to see a specialist. For immediate assistance, call 911 or visit the emergency room at the nearest hospital.***

Please note that this service does not accept forensic referrals and does not provide third-party reports to courts, government, or insurance companies.

Please ensure the following boxes are checked off:

☐ email address of the client or close supports that can be used to receive the Zoom meeting invitation
☐ completed referral form and client's consent
☐ client must be aware that Zoom (video call) is the normal mode of communication for this service

Available Services:	**Description:**	**Hours:***
Addictions Medicine	The substance use service provides access to clinicians who will co-construct a comprehensive plan with the referred client and care team. The plan may include: • Information and support for all forms of substance use disorder, including opioid agonist treatment • Longitudinal & relational care • Harm reduction practices including risk mitigation prescribing • Relapse prevention planning • Organizing community-based or residential treatment Active participation of local supports in the consultations and follow-up visits is encouraged	Monday-Friday 9:00AM - 5:00PM **Consultation by Zoom** Note: audio only/telephone may be an option for clients as an exception basis.

* ***Please note that all services are closed on statutory holidays***

Please fill in **ALL** the boxes in the form below (unless noted as optional). Incomplete referral forms may not be accepted. If you have questions related to the referral form, please contact FNvSUPS 1-833-456-7655.

We do not accept referrals without client knowledge.

Is the client aware of the referral and who initiated the referral?		Yes		No
Who should the appointment be booked through *(please select one):*				
	Client			
	Person who referred the client			
	Physician/NP + Client			
	Other *(please specify):*			

REFERRAL INFORMATION:

Name of person referring:	Role or capacity:	Length of time knowing the client:

MSP Billing #:	Phone:	Fax:	Email:

CLIENT INFORMATION:

Name:	Sex/Gender Identity:	Date of Birth (YY/MM/DD):

Personal Health Number (PHN):	Current Location:
Email Address:	Phone Number/Best way to contact patient:

Emergency Contact:	Emergency Contact Phone #:	Relationship of emergency contact:

Family Physician and contact information (if available):	Preferred Pharmacy:	Nearest Hospital:	Closest Laboratory Services:

Please fill out the form electronically and fax to FNvSUPS: 1-833-222-8131

Please note, the next box of questions (in orange) is OPTIONAL

Does the client identify as....				**Is the client a member of a First Nations Community?**	
	First Nations		Metis		Yes
	Inuit		Non-Indigenous		No
Client Status Number: ***(not required)***					

COMPREHENSIVE CASE SUMMARY: *(clinical notes can be included and attached if applicable and client gives permission)*

Provisional diagnoses		
Question/client goals/ reason for referral		
Clinical details/summary		
Current medications		
Allergies		

CIRCLE OF CARE: *Include patient's circle of care or professional care team (family physician, NP, case worker, community nurse, social worker, etc.). During the appointment, the specialist will confirm directly patient's consent to share information with those named below.*

Name:	**Role:**	**Email:**	**Phone:**	**Fax:**

Please fill out the form electronically and fax to FNvSUPS: 1-833-222-8131