VIOP Referral Form

NHA MENTAL HEALTH AND ADDICTION SERVICES
VIRTUAL INTENSIVE OUTPATIENT MENTAL HEALTH AND ADDICTIONS PROGRAM (VIOP)

Client Legal Name: _____

Current Resident Address: _____

Phone Number: _____ P.H.N.: _____ D.O.B.: _____

NHA Region: ☐ Northwest ☐ Northern Interior ☐ Northeast

Community Counsellor: _____ Primary Care Provider _____

Cultural Identity: ☐ Indigenous ☐ Metis ☐ Non Indigenous

Program requested: ☐ Stream A - Self-Directed Program ☐ Stream B - Live Virtual Groups

Please provide the barriers to attending in-person substance use treatment programming:

_____

_____

Technology requirements: ☐ Access to stable data/internet connection sufficient to enable smooth video calls.

_____	_____	_____
Name (please print)	Signature	Date

☐ I consent to sharing my name and contact information with Trafalgar Addiction Treatment Centre

For Office use:

NHA APPROVAL _____

Date Application forwarded _____ Forwarded to _____

Referral to be emailed to rtuc@northernhealth.ca
Or
Faxed to 250-645-7983 attention Vesna

Tertiary Programs Specialized Services
155 McDermid Dr Prince George BC
Office: 250-645-7449 | Fax: 250-645-7983