

Vine Youth Clinic

referral form

School and Councillor Name:

Student Name:

Age / Grade:

Reason for visit:

What other relevant information do you think we should know:

VYC Fax: 604-531-8308

CONFIDENTIALITY NOTE: This document contains protected personal health information (BC PIPA). This information is intended only for the use of Vine Youth Clinic. If you are not the intended recipient, please notify us and shred this document. **Please manage this document appropriately after faxing.**