



Tamarack is a 2nd Stage Addictions Treatment Centre that builds upon Primary Treatment

Expedited Referral Form

Client Name: _____ Male Female

Current Address:

Street: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number or Contact Person To Call: _____

Date of Last Substance Use: _____ Date of Birth: _____

Referring Person: _____

Employer, Agency or Facility: _____

Telephone Number: _____ Fax Number: _____

Reasons for Referral: _____

Substances Used _____

Is the Client aware of this referral? Yes No

Client's reason for seeking additional treatment: _____

For Treatment or Pre-Treatment
Fax Directly to Tamarack Rehab Inc Intake @ **772-9908**