FOUNDRY

WHERE WELLNESS TAKES SHAPE

Health Services for youth ages 12-24

Referral form for Primary and Community Care Providers (PCP) to access Foundry services
Fax referral to: 604-746-7399

More info at: foundrybc.ca/abbotsford

NAME	: D	OOB:	PHN:	
Phone	#: Alt. pho	ne #: (Ok to leave message? Y N	
PCProv	vider:	Length of tin	ne as your patient:	
Where	did you hear about Found	dry?		
Please	note:			
1. 2. 3. 5. 6. 7. 1	EPI: Early Psychosis Intervention Pro CYMH: Child and Youth Mental Heal AMH: Adult Mental Health (ages 19	rist): Fax referral letter to: 60 outh and their adult supports onse Team: (age 6 – 18) ph: gram: (age 13 – 30) ph: 1-80 lth: (age 0 – 18) ph: 604-870 and over) ph: 607-870-7800 (AMH); Adolescents	04-776-2121 (GP/NP referral only) s: 604-778-347-8664 : 604-743-0765 until 2100 hrs (suicidal 66-870-7847 (GP/NP referral) 0-5880 (Fam/pt. self-referrals Tuesdays 0 (Pt. self-referrals +/- info from provio s (age <19): ph: 604-870-5880 (CYMH)	·)
	DRY SERVICES REQUES Primary Care: Mental Hea		ild to moderate issues not responding to y	our initial Tx)*
*Pleas	attach the following to yServices/Providers aMedication trials to	already accessed by	your patient	
	Counselling: walk-in coun	nselling. (Solution fo	ocused, 1 – 2 sessions)	
	Sexual Health: (Please cir	cle) Contraception/I	UD's STI management and F/	U PrEP
	Gender Affirming Care			
	Social Services: Poverty re	eduction, housing, f	ood security	
	Peer Support: Access to y	outh and young adu	ult peers with lived experier	nce

Information will be shared with the referring PCP upon patient consent