ERIE - ST. CLAIR CLINIC
CENTRE OF EXCELLENCE IN ADDICTIONS MEDICINE

REFERRAL FORM

Erie St Clair Clinic
1574 Lincoln Rd, Windsor, On N8Y 2J4
Tel: 519-977-9772 **Fax:** 519-977-7145

Name:

Address:

Phone: Home Cell

Date of Birth:

Health Card #:

Family MD:

Reason for Referral:

Is the patient a pain patient?: ☐ Yes ☐ No
If so, please refer the patient to the VON pain program before sending the referral. Their number is: 519-254-4866

Has there been a urine toxicology done?: ☐ Yes ☐ No
Enclose results please.

Is the patient aware monitored urine sampling will be required? ☐ Yes ☐ No

Is the patient aware of this referral, and are they willing to be seen at our clinic? ☐ Yes ☐ No

Many patients are reluctant, and we find if the patient calls themselves we have a higher attendance rate.

☐ **Your referral has been accepted, please have the patient call 519-977-9772 for an appointment.**

☐ **Your patient has been notified of an appointment time:**

☐ **Your referral was not accepted at this time due to the following reasons:**

☐ **Your patient was given an appointment , and did not show.**

NB: Please include most recent prescriptions for any medication and any other relevant information for your patient: