



RAAM Clinic Windsor-Essex

Referral Form

Windsor: Phone: 519-977-9772
Leamington: Phone: 519-326-7742

Fax: 519-977-7145
Fax: 519-326-7748

Toll Free: 1-877-839-5220

RAAM Clinic Windsor-Essex offers fast access to assessment, medical treatment, counselling and case management for opioid and alcohol use disorders (please note that this is not a pain clinic, if your patient is needing pain management, please first refer to the VON- Chronic Pain Management Assessment and Referral Program Fax: 1-855-492-2963).

Referred by physician/professional _____ Referred by agency _____

WRH Ouellette **WRH Met Campus** **Erie Shores Healthcare** **Others** _____

Date of referral: _____

Referral office contact information: Phone: _____ Fax: _____

Patient Information:

Name: _____

Date of Birth: _____

Health Card # (including version code): _____

Phone #: _____

Can a voice message be left? Y / N

Reason for referral, please provide brief substance use history:

*Is the patient aware of this referral? Y / N * Has there been a urine toxicology done? Y / N If yes, enclose results.

Substances being used:

- Opioids
- Alcohol
- Cocaine
- Amphetamines
- Methamphetamines
- Benzodiazepines
- Hallucinogens
- Misuse/ abuse of prescription medication
- Other (please list): _____

Current prescriptions:

Treatment initiated (if applicable): Suboxone® _____ mg, until (date) _____
 Methadone _____ mg, until (date) _____
 Other: _____