



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:

- | | |
|---|---|
| <input type="checkbox"/> Opioids | <input type="checkbox"/> Benzodiazepines |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Hallucinogens |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Misuse/ abuse of prescription medication |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Other (please list): _____ |
| <input type="checkbox"/> Methamphetamines | _____ |

Current prescriptions:

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