

Place patient sticker here

Substance Use & Concurrent Disorders Program Rapid Access Addiction Medicine (RAAM) Clinic The Royal, 1145 Carling Ave., Ottawa ON K1Z 7K1

Phone **613.722.6521**, ext. **6508** Fax **613.715.5802**

REFERRAL FORM

COMMUNITY REFERRAL

RAAM Clinic
Please fax referral form to 613.715.5802

PATIENT INFORMATION					
MRN #		OHIP #			
Patient name:		Phone number:			
Date of referral:		Referring clinician:			
Referring clinician o	contact information:				
	• Patients specifically looking for help with chronic pain management concerns should NOT be referred to the RAAM Clinic. Please direct them to their Primary Care Provider or their medication prescriber.				
PLEASE NOTE	• Clients visiting RAAM Clinic must be ambulatory and not in need of immediate hospitalization.				
	• Upon referral, please provide patients with the RAAM information sheet for clients.				
	REASON FOR	R REFERRAL (Check all that apply)			
	Alcohol	Opioid			
☐ Diagnosed alcol	hol use disorder	☐ Diagnosed opioid use disorder			
☐ At risk of alcoho	l withdrawal	☐ At risk of opioid withdrawal			
Other:		☐ Opioid overdose follow-up			
		Other:			
Due to curre	ent COVID-19 infection prevention me	asures, patients are not able to "walk-in" to the RAAM Clinic at this time.			
Patients can conn	ect with RAAM through our digital fror	nt door at theroyal.accessRAAM.ca or by calling 613-722-6521 ext. 6508. vill contact your patient by phone upon receipt of this referral.			

CURRENT MEDICATIONS (Related to alcohol/opioids)

Medication	Dose	Date/Time of Last Dose	Prescription on Discharge
☐ Buprenorphine/naloxone			
☐ Diazepam			
☐ Lorazepam			
Other:			