

REFERRAL FORM

RAAM Clinic

Please fax referral form to 613.715.5802

**COMMUNITY
REFERRAL**

PATIENT INFORMATION

MRN # _____ OHIP # _____

Patient name: _____ Phone number: _____

Date of referral: _____ Referring clinician: _____

Referring clinician 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 REFERRAL (Check all that apply)

Alcohol

- Diagnosed alcohol use disorder
- At risk of alcohol withdrawal
- Other: _____

Opioid

- Diagnosed opioid use disorder
- At risk of opioid withdrawal
- Opioid overdose follow-up
- Other: _____

Due to current COVID-19 infection prevention measures, patients are not able to "walk-in" to the RAAM Clinic at this time.

Patients can connect with RAAM through our digital front door at theroyal.accessRAAM.ca or by calling 613-722-6521 ext. 6508.

In addition, one of our team members will 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
<input type="checkbox"/> Buprenorphine/naloxone			
<input type="checkbox"/> Diazepam			
<input type="checkbox"/> Lorazepam			
<input type="checkbox"/> Other: _____			