Brantford Mental Health and Addictions Clinic

Dr. Alyson Holland Dr. Parminder Bahra Dr. Preeti Popuri Dr. Alexandra Hildebrand
320 Colborne Street E., Brantford, ON, N3S3N1
Virtual Platform – Digital Front Door – www.raamclinics.com
P 519-758-0008
F 226-401-3818

Community and Hospital Referral Form

patients must have a substance use disorder to be eligible for clinic

Referred By: _____ Designation: _____

Billing # (for physicians): _____

Date of Referral: (dd/mm/yyyy)_____

PATIENT INFORMATION:

Name: _____Health Card Number:_____

Address: _____City: _____Postal Code: _____

Telephone Number: _____ Cell Phone Number: _____

Date of Birth: (dd/mm/yyyy) _____ Gender: _____

Family Physician: _____ Telephone Number: _____

Substance Use Disorder: Alcohol: ☐ Opiates: ☐ Benzodiazepines: ☐
Methamphetamines: ☐ Cocaine: ☐ Other:_____
Concurrent Disorders: _____

Patients Goal:_____

Med list attached y☐ n☐ Name of Current Pharmacy: _____

Allergies: _____

Medical Conditions/Concerns:

_____

_____

_____ _____
Signature Date (dd/mm/yyyy)

Please Fax to 226-401-3818