HALDIMAND NORFOLK RAAM CLINIC

EMERGENCY DEPARTMENT REFERRAL FORM

Fax Referral To: 226-401-3818 | **Phone: 519-758-0008**

Hospital: _____ Unit: _____

Date (YYYY/MM/DD): _____ Time: _____

Referring Provider: _____ Billing Number: _____

Phone #: _____ Extension: _____ Fax #: _____

Provider Signature: _____ Date (YYYY/MM/DD): _____

RAAM CLINIC LOCATIONS

Simcoe RAAM Clinic
32 Robinson Street
Simcoe, ON N3Y 1A1

Dunnville RAAM Clinic
Haldimand War Memorial Hospital
400 Broad St W
Dunnville, ON N1A 2P7

Virtual RAAM Clinic
www.bhnraam.accessraam.ca

PATIENT DEMOGRAPHICS

PLEASE AFFIX DEMOGRAPHIC LABEL HERE

REASON FOR REFERRAL
(Check all that apply)

- ☐ Opioid Use Disorder
- ☐ Opioid Agonist Therapy (OAT) Initiation
- ☐ OAT Continuation / Transfer of Care
- ☐ Alcohol Use Disorder
- ☐ Alcohol Use Follow-Up
- ☐ Benzodiazepine Use Disorder
- ☐ Cannabis Use Disorder
- ☐ Stimulant Use Disorder
- ☐ Concurrent Mental Health & Substance Use Concerns
- ☐ Recent Overdose
- ☐ Other: _____

TREATMENT INITIATED IN ED
(Check all that apply)

Opioid Agonist Treatment

- ☐ Suboxone _____ mg
- ☐ Methadone _____ mg
- ☐ Kadian _____ mg

Other Medications

- ☐ Naltrexone _____ mg
- ☐ Acamprosate _____ mg
- ☐ Gabapentin _____ mg
- ☐ Olanzapine _____ mg
- ☐ Diazepam _____ mg
- ☐ Lorazepam _____ mg
- ☐ Other: _____

CLINICAL INFORMATION

Primary Substance of Concern: _____

Other Substances Used: _____

_____

_____

Date/Time Last Use: _____

History of Overdose: ☐ Yes ☐ No

If yes, date: _____

Currently in Withdrawal: ☐ Yes ☐ No

Additional Clinical Information / Comments:

_____

_____

_____

FOLLOW-UP REQUEST
(Check all that apply)

- ☐ RAAM Clinic Follow-Up
- ☐ Addiction Medicine Phone Consultation – Provider to Provider
- ☐ OAT (Suboxone / Methadone / Kadian) Follow-Up
- ☐ Counselling / Recovery Support
- ☐ AMOT Referral Recommended
- ☐ Other: _____

ATTACHMENTS INCLUDED (please check)

- ☐ ED Note
- ☐ Consultation Note
- ☐ Discharge Summary
- ☐ Medication List
- ☐ Laboratory Results
- ☐ COWS Score (if done)
- ☐ Other: _____
- ☐ Demographic Face Sheet

PRESCRIPTION AT DISCHARGE (if applicable)

☐ Prescription Provided

Medication: _____

Dose: _____ Route: _____ Days' Supply: _____

Pharmacy: _____

Pharmacy Phone #: _____

FOR OFFICE USE ONLY

Date Referral Received: _____

Reviewed By: _____

Appointment Date: _____

Appointment Time: _____

Notes: _____

Location:

- ☐ Simcoe RAAM Clinic – 32 Robinson Street, Simcoe, ON N3Y 1A1
- ☐ Dunnville RAAM Clinic – Haldimand War Memorial Hospital 400 Broad St W, Dunnville, ON N1A 2P7
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