WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

Substance Use Service Referral

Fax: 416.323.7739
Telephone: 416.323.7559

Patient Information

Name: _____
Date of Birth: _____
Health Card Number: _____ Version Code: _____
Address: _____
Telephone Number: _____
Can a confidential message be left? Yes ☐ No ☐
Referral discussed with patient? Yes ☐ No ☐

Referral Source Information

Name: _____ OHIP Billing #: _____
Telephone: _____ Fax: _____
Family Doctor: _____ OHIP Billing #: _____
Telephone: _____ Fax: _____

Reason for Referral

Substances of concern

- ☐ Alcohol
- ☐ Amphetamines
- ☐ Cannabis
- ☐ Cocaine
- ☐ Hallucinogens
- ☐ Nicotine
- ☐ Opioids
- ☐ Sedatives and hypnotics (e.g., benzodiazepines, barbiturates)
- ☐ Designer Drugs
- ☐ Other: _____

Relevant Psychiatric History

Current Medication(s)

Relevant Medical History