



WOMEN'S COLLEGE HOSPITAL 76 Grenville Street
 Healthcare | REVOLUTIONIZED Toronto, Ontario
 M5S 1B2

Tel: 416-323-7559 x 6 Fax: 416-323-7739

SUBSTANCE USE SERVICE REFERRAL FORM

REFERRAL DATE: ____ / ____ / ____
 DD / MM / YYYY

PATIENT INFORMATION (Affix Patient Label/Identification Here)

MRN: _____ HCN: _____
 Name: _____
 Sex: _____ Date of Birth: ____ / ____ / ____
 DD / MM / YYYY
 Address: _____
 Telephone: _____ Alternate #: _____

ADDITIONAL PATIENT INFORMATION

Preferred name: _____ Gender (if not same as above): _____
 Pronouns: He/Him She/Her They/Them _____
 Other insurance coverage (IFH, UHIP, etc.): _____ Self-pay
 Language spoken: _____ Interpreter required: Yes No
 Telephone number: _____
 Can a confidential message be left? Yes No Referral discussed with patient? Yes No

REFERRING PROVIDER INFORMATION

Name: _____	Billing #: _____ Signature: _____
Address: _____	
Telephone: _____	
Fax: _____	

Referring Provider is not the Primary Care Provider
 Primary Care Provider Name: _____
 Primary Care Provider Telephone: _____

REASON FOR REFERRAL

SUBSTANCES OF CONCERN

Alcohol Opioids Cocaine
 Amphetamines/Methamphetamines Benzodiazepines Other _____
 Cannabis
 Amount _____ Frequency _____
 Previous treatment trials _____

ADDITIONAL CLINICAL INFORMATION

Mental health history: _____
 Pertinent laboratory results (please attach): _____
 Allergies and reaction: _____
 Current medications (include list): _____

PERMISSION TO CONTACT

By providing the patient's email address, you are confirming that the patient has consented to receiving email communications from WCH regarding their appointment(s), patient experience surveys, enrollment in our patient portal (myHealthRecord), and other medical documentation.
 Patient email address: _____

Disclaimer: All electronic communication carries some risk. Patients may withdraw their consent to receive emails from WCH or change their preferences at any time.

Fax Disclaimer: This fax transmission contains confidential information that is intended only for the Women's College Hospital Clinics. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of the contents of this fax is strictly prohibited. If you have received this fax transmission in error, please immediately notify the referring health practitioner at the telephone number provided above to arrange for the return or destruction of this document.

