WCH
WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED
76 Grenville Street
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:

Address:

Telephone:

Fax:

Billing #: _____

Signature: _____

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

REASON FOR REFERRAL

Please note we do not need a referral for our Rapid Access Addiction Medicine (RAAM) drop in service.

SUBSTANCES OF CONCERN

Please note we do not accept referrals for nicotine use or behavioural (process) addictions (e.g. gambling, gaming, sex, digital dependence).

☐ 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.