

Name: _____
DOB: _____
HCN: _____
Phone: _____
Address: _____

RAPID ACCESS ADDICTIONS MEDICINE [RAAM] REFERRAL

PART 1 – REASON FOR REFERRAL

*Note: Patients looking for chronic pain management should **NOT** be referred*

CHECK ALL THAT APPLY

Alcohol	Opioids	Stimulants/Other Substances
<input type="checkbox"/> Alcohol Use Disorder <input type="checkbox"/> Other: _____	<input type="checkbox"/> Opiate Use Disorder <input type="checkbox"/> At Risk of Opiate Withdrawal <input type="checkbox"/> Opioid Overdose Follow-Up <input type="checkbox"/> Other: _____	<input type="checkbox"/> Stimulant Use Disorder <input type="checkbox"/> Other: _____

Has Treatment Been Initiated? ☐ NO ☐ YES, please specify the treatment below:

PART 2 – CHECK PREFERRED LOCATION

<input type="checkbox"/> Recovery Care – Bells Corners 2006 Robertson Road, Ottawa ON, K2H 1A5 Tel: 613-903-6006	Dr. Elizabeth Shouldice Dr. Sanjay Acharya Dr. Bhaskar Gopalan Dr. Barry Smith
<input type="checkbox"/> Recovery Care – Byward Market 306 Rideau Street, Ottawa ON, K1N 5Y5 Tel: 613-454-0321	Dr. Charles-Antoine Breau Dr. Mira Pavan Dr. Sarah Addleman
<input type="checkbox"/> Recovery Care – Vanier 45 Montreal Road, Ottawa, ON K1L 6E8 Tel: 613-763-6882	Dr. Christine Dubé Dr. Maxime Britt-Côté Dr. Mark Trecarten Dr. Sunil Varghese
<input type="checkbox"/> Recovery Care – Ottawa South 20-1800 Bank Street, Ottawa ON, K1V 7Y6 Tel: 613-425-9525	Dr. Nathaniel Bowling Dr. Neil Bellack
<input type="checkbox"/> Recovery Care – Cornwall 805 Sydney Street, Cornwall ON, K6H 3J7 Tel: 613-703-0270	Dr. Genevieve Dufresne Dr. Lilyana Zhelyazkova Dr. Patrick Leclair

Patients can **WALK-IN** with referral to any Recovery Care location Monday - Friday between 8:00am – 3:00pm.
All referrals will be seen within 24 hours Monday-Friday.

PART 3 – REFERRER INFORMATION

REFERRED BY: _____ SERVICE/PROGRAM: _____
PHONE: _____
FAX: _____ SIGNATURE: _____
BILLING (if applicable): _____ DATE: _____

Substance Use Health | Primary Care | Hepatitis C | Housing Support | Mental Health (Clinic Patients Only)

PLEASE FAX ALL REFERRALS TO 613-515-2683