

Rapid Access Addiction Medicine (RAAM) Community Referral Form (**check preferred location)

<input type="checkbox"/> Recovery Care Bells Corners 2006 Robertson Road Ottawa, Ontario K2H 1A5 TEL: 613-903-6006 FAX: 613-421-3997	<input type="checkbox"/> Recovery Care Byward 306 Rideau Street Ottawa, Ontario K1N 5Y5 TEL: 613-454-0321 FAX: 613-680-0411	<input type="checkbox"/> Recovery Care Vanier 45 Montreal Road Ottawa, Ontario K1L 6E8 TEL: 613-763-6882 FAX: 613-317-1889	<input type="checkbox"/> Recovery Care South 1800 Bank Street #20 Ottawa, Ontario K1L 6E8 TEL: 613-425-9525 FAX: 613-733-5959	<input type="checkbox"/> Recovery Care Cornwall 805 Sydney Street Cornwall, Ontario K6H 3J7 TEL: 613-703-0270 FAX: 613-209-7732
Dr. Elizabeth Shouldice Dr. Sanjay Acharya Dr. Bhaskar Gopalan Dr. Barry Smith	Dr. Leah Jones Dr. Charles Breau	Dr. Christine Dube Dr. Maxime Britt-Cote Dr. Mark Trecarten	Dr. Nate Bowling	Dr. Genevieve Dufresne Dr. Patrick LeClair Dr. Ryan Hartley

PATIENT INFORMATION

Name: _____ Phone Number: _____

Health Card: _____

PLEASE NOTE: Patients looking for help with chronic pain management concerns should NOT be referred.

Referred By: _____ Service/Program: _____

Referral source contact info: Phone: _____ Fax: _____

Physicians billing # (if applicable): _____ Date of Referral: _____

REASON FOR REFERRAL (check all that apply)

ALCOHOL	OPIOID	STIMULANTS/ OTHER SUBSTANCES
<input type="checkbox"/> Diagnosed alcohol use disorder <input type="checkbox"/> Other:	<input type="checkbox"/> Diagnosed opioid use disorder <input type="checkbox"/> At risk of opioid withdrawal <input type="checkbox"/> Opioid overdose follow-up <input type="checkbox"/> Other	<input type="checkbox"/> Diagnosed stimulant use disorder <input type="checkbox"/> Other:

Has any treatment been initiated? YES ___ NO ___ If yes, please specify: _____

Signature

Date (DD/MM/YYYY)

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.

Substance Use Disorders - Primary Care – Hepatitis C - Housing Support – Mental Health (clinic patients only)
For more information contact: info@recovery.care