# Rapid Access Addiction Medicine (RAAM) and Adult Addiction Services Calgary Referral Form (*Clinic Copy*)

**NOTE: A referral or pre-scheduled appointment is NOT necessary to access services at RAAM/Adult Addiction Services Calgary, but preferred for data tracking and to follow up with clients if they are a no show. Anyone can access ALL services on a walk-in basis at 12:30pm on any weekday, Monday-Friday at the clinic (3rd Floor, 707 10 Ave SW).**



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| **PATIENT INFORMATION:** |
| Date of Referral**:** Type (check all that apply): RAAM □Addiction Counseling □Reason for Referral: \_\_\_\_\_\_\_\_ |
| CLIENT INFORMATION OR PATIENT LABEL:Client Name: PHN/AHC #: (Please Print Clearly) First Middle LastDate of Birth: Age: Gender Identity: □Male □Female □ YYYY/MM/DD.  |
| Phone: C: H: Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permission to leave detailed voicemail or message with someone at the #(s) above, e.g., to ask you to contact Adult Addiction Services? □Yes □No If yes, all persons’ names we can leave a message with: \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **REFERRAL SOURCE AND PHYSICIAN INFORMATION:** |
| Name of referring Organization: Name of referring agent/Case manager/Social Worker (if applicable): Practice ID (physicians only): General Telephone # for referring service/office: **REFERRAL SITE:*** Hospital Referral □FMC □RVH □PLC □SHC □Emergency Department Referral □FMC □RVH □PLC □SHC □Urgent Care
* Shelter □Social Services □Police/Justice □Legal □Corrections □Primary Care □Self
 |

**Please fax this completed form (Pages 1 and 2) to Adult Addiction Services Calgary, Fax: 403-367-5010 Please give page 3 (Client Copy) to client**



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| **SUBSTANCES USED (CHECK ALL THAT APPLY)** |

□ Alcohol □ Opioids □ Methamphetamines □ Benzodiazepines

□ GHB □ Marijuana □ Ketamine □ Z- drugs (e.g. Zopiclone, Zolpidem)

□ Kratom □ Cocaine □ Smoking / Nicotine □ Alkyl nitrates (Poppers)

□ Other: \_ \_ \_\_



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| **BEHAVIORAL ADDICTIONS (CHECK ALL THAT APPLY)** |

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| □ Gambling | □ Sex / Party and Play | □ Food / Binge eating |
| □ Pornography | □ Video gaming / Internet | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **REASON FOR REFERRAL (CHECK ALL THAT APPLY)** |

* Medication/ pharmacotherapy support for client.

* Home/community based detoxification services.
* Claresholm/Ponoka Referral
* Psychosocial support and group therapy.

* Concurrent mental health and addiction management.
* Concurrent Pregnancy/Perinatal Management
* Concurrent pain and addiction management.
* Referral to Residential Treatment
* Substance induced psychosis.
* Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **RESIDENTIAL TREATMENT STREAM (CHECK ALL THAT APPLY)** |

**Before Treatment During Treatment After Support**

* Medication and psychosocial support prior to residential treatment.
* Physical exam and medical form evaluation for residential treatment.
* Medication review prior to residential treatment.
* Medication review and continued medication management and adjustments while in residential treatment.
	+ Medication and psychosocial support post residential treatment.
	+ Transitional support post discharge from residential treatment.



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| **ADDITIONAL MEDICAL CONCERNS (CHECK ALL THAT APPLY)** |

* + Hepatitis C □ Cognitive Concerns / Capacity concerns
	+ Nutritional concerns
	+ Sexually Transmitted and Blood Borne Infections i.e. HIV, syphilis, chlamydia,
	+ Diagnosed or presumptive Fetal Alcohol Syndrome

□ Other: \_ \_ \_\_



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| **SOCIAL AND JUSTICE CONCERNS (CHECK ALL THAT APPLY)** |

* + Patient experiences homelessness or needs housing supports.
	+ Justice Concerns (i.e. warrants, legal challenges)
* Patient lacks employment, has no insurance or medication coverage.
* Experiencing Violence
* Patient lacks identification.
* Other



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| **MENTAL HEALTH CONCERNS (CHECK ALL THAT APPLY)** |

 □ Depression/Anxiety □ Psychosis □ ADHD □ Personality Disorder □ Other:

# Rapid Access Addiction Medicine Referral Form and Adult Addiction Services Calgary (*Client Copy*)

## NOTE: A referral or pre-scheduled appointment is NOT necessary to access services at Adult Addiction Services Calgary. Anyone can access ALL services on a walk-in basis at 12:30pm on any weekday, Monday-Friday at the clinic (3rd Floor, 707 10 Ave SW).

It has been recommended that you obtain Rapid Access Addiction Medicine (RAAM) services at Adult Addiction Services Calgary (AASC), which is a separate service from your referring area. Once this form is received you can expect a telephone call from the AASC clinic scheduling your RAAM intake.

All Adult Addiction services, including the Rapid Access Addiction Medicine service, are also available on a walk-in basis at 12:30pm on any weekday, Monday-Friday and can be accessed at:

***RAAM / Adult Addiction Services Calgary 3rd Floor, 707 - 10 Ave SW, Calgary, AB General Hours: Monday-Friday 8am-5pm Intake Hours: Daily at 12:30***

Concurrently, Adult Addiction Services Calgary offers counseling-based addiction therapy and Addiction Medicine services in a non-judgemental, welcoming, and inclusive environment for individuals and their families.

## NOTES: