BRANTFORDRAAM
RAPID ACCESS TO ADDICTIONS MEDICINE CLINIC

Provider Referral Form

The RAAM Clinic (Rapid Access Addiction Medicine) is a voluntary, quick-access service that offers short-term support and treatment, including medications, for people who are experiencing challenges related to substance use. Clients will be transitioned to a community addictions clinic, primary care physician, or other care setting following stabilization. The Brantford RAAM will make every effort to connect with the client within 3 business days of this referral.

Date of Referral: _____ **Referring Provider:** _____

Address: _____

Phone Number: _____ Fax Number: _____

Please note: If you are the client's primary care physician, you are expected to continue to provide care to the client.

Client Demographics:

Name: _____

HC Number and Version Code (if available): _____

Date of Birth (d/m/y): _____ Gender: _____

Phone Number: _____ Email: _____

Address (including postal code):

_____

Permission to leave a voicemail: ☐ Yes ☐ No

Reason for Referral:

_____

Client Consents to Referral: ☐ Yes ☐ No

Client Substance Use Information (check all that apply):

☐ Benzodiazepines ☐ Hallucinogens ☐ Alcohol ☐ Opioids ☐ Cannabis

☐ Stimulants ☐ Drug induced psychosis

☐ Withdrawal follow-up (Substance(s): _____

☐ Other: _____

Was treatment initiated? ☐ Yes ☐ No

If so, please list treatment details:

_____

Psychiatric/Mental Health Needs:

_____

Relevant Medical History:

_____

ED Only- Discharge Summary Attached? ☐ Yes ☐ No

_____ _____

Provider Signature **Date**