Alberta Health Services

RAAM RAPID ACCESS ADDICTION MEDICINE

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).

PATIENT INFORMATION:

Date of Referral**:** ______________________ Type (check all that apply): RAAM Addiction Counseling

Reason for Referral: ______________________

Client Name: ____________ ____________ ____________

(Please Print Clearly) First Middle Last

Date of Birth: ____________ Age: ________ Gender Identity: Male Female ________

YYYY/MM/DD. Preferred Pronouns: ________

PHN/AHC #: __ __ __ __ __ - __ __ __ __

Phone: C: ____________ H: ____________

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

Rapid Access Addiction Medicine (RAAM)
and Adult Addiction Services Calgary
707 10 Ave SW, Calgary, AB
Telephone: 403-367-5000
Fax: 403-367-5010

Alberta Health Services

RAAM RAPID ACCESS ADDICTION MEDICINE

SUBSTANCES USED (CHECK ALL THAT APPLY)

Alcohol
GHB
Kratom
Opioids
Marijuana
Cocaine
Methamphetamines
Ketamine
Smoking / Nicotine
Benzodiazepines
Z- drugs (e.g. Zopiclone, Zolpidem)
Alkyl nitrates (Poppers)
Other: ___________________

BEHAVIORAL ADDICTIONS (CHECK ALL THAT APPLY)

Gambling
Pornography
Sex / Party and Play
Video gaming / Internet
Food / Binge eating
Other: ________________________

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: ________________________

RESIDENTIAL TREATMENT STREAM (CHECK ALL THAT APPLY)

Before Treatment

Medication and psychosocial support prior to residential treatment.

Physical exam and medical form evaluation for residential treatment.

Medication review prior to residential treatment.

During Treatment

Medication review and continued medication management and adjustments while in residential treatment.

After Support

Medication and psychosocial support post residential treatment.

Transitional support post discharge from residential treatment.

ADDITIONAL MEDICAL CONCERNS (CHECK ALL THAT APPLY)

Hepatitis C

Sexually Transmitted and Blood Borne Infections i.e. HIV, syphilis, chlamydia,

Cognitive Concerns / Capacity concerns

Diagnosed or presumptive Fetal Alcohol Syndrome

Nutritional concerns

Other: ___________________

SOCIAL AND JUSTICE CONCERNS (CHECK ALL THAT APPLY)

Patient experiences homelessness or needs housing supports.
Justice Concerns (i.e. warrants, legal challenges, support for a restraining order)
Patient lacks employment, has no insurance or medication coverage.
Experiencing Violence (e.g. Gender based, or relationship violence).
Patient lacks identification.

Other: ______________

MENTAL HEALTH CONCERNS (CHECK ALL THAT APPLY)

Depression/Anxiety
Psychosis
ADHD
Personality Disorder
Other: ___________________________

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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.

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