

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 <input type="checkbox"/> Addiction Counseling <input type="checkbox"/> | |
| Reason for Referral: _____ | |
| CLIENT INFORMATION OR PATIENT LABEL: | |
| Client Name: _____ PHN/AHC #: _____ | |
| (Please Print Clearly) First Middle Last | |
| Date of Birth: _____ Age: _____ Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: | |
| <input type="checkbox"/> Hospital Referral <input type="checkbox"/> FMC <input type="checkbox"/> RVH <input type="checkbox"/> PLC <input type="checkbox"/> SHC <input type="checkbox"/> Emergency Department Referral <input type="checkbox"/> FMC <input type="checkbox"/> RVH <input type="checkbox"/> PLC <input type="checkbox"/> SHC <input type="checkbox"/> Urgent Care | |
| <input type="checkbox"/> Shelter <input type="checkbox"/> Social Services <input type="checkbox"/> Police/Justice <input type="checkbox"/> Legal <input type="checkbox"/> Corrections <input type="checkbox"/> Primary Care <input type="checkbox"/> 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



SUBSTANCES USED (CHECK ALL THAT APPLY)

- | | | | |
|----------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Opioids | <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> Benzodiazepines |
| <input type="checkbox"/> GHB | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Ketamine | <input type="checkbox"/> Z- drugs (e.g. Zopiclone, Zolpidem) |
| <input type="checkbox"/> Kratom | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Smoking / Nicotine | <input type="checkbox"/> Alkyl nitrates (Poppers) |
| | | | <input type="checkbox"/> Other: _____ |

BEHAVIORAL ADDICTIONS (CHECK ALL THAT APPLY)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Sex / Party and Play | <input type="checkbox"/> Food / Binge eating |
| <input type="checkbox"/> Pornography | <input type="checkbox"/> Video gaming / Internet | <input type="checkbox"/> Other: _____ |

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Medication/ pharmacotherapy support for client. | <input type="checkbox"/> Psychosocial support and group therapy. | <input type="checkbox"/> Concurrent pain and addiction management. |
| <input type="checkbox"/> Home/community based detoxification services. | <input type="checkbox"/> Concurrent mental health and addiction management. | <input type="checkbox"/> Referral to Residential Treatment |
| <input type="checkbox"/> Claresholm/Ponoka Referral | <input type="checkbox"/> Concurrent Pregnancy/Perinatal Management | <input type="checkbox"/> Substance induced psychosis. |
| <input type="checkbox"/> | | <input type="checkbox"/> Other : _____ |

RESIDENTIAL TREATMENT STREAM (CHECK ALL THAT APPLY)

- | <u>Before Treatment</u> | <u>During Treatment</u> | <u>After Support</u> |
|---|--|--|
| <input type="checkbox"/> Medication and psychosocial support prior to residential treatment. | <input type="checkbox"/> Medication review and continued medication management and adjustments while in residential treatment. | <input type="checkbox"/> Medication and psychosocial support post residential treatment. |
| <input type="checkbox"/> Physical exam and medical form evaluation for residential treatment. | | <input type="checkbox"/> Transitional support post discharge from residential treatment. |
| <input type="checkbox"/> Medication review prior to residential treatment. | | |

ADDITIONAL MEDICAL CONCERNS (CHECK ALL THAT APPLY)

- | | | |
|---|--|---|
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Cognitive Concerns / Capacity concerns | <input type="checkbox"/> Nutritional concerns |
| <input type="checkbox"/> Sexually Transmitted and Blood Borne Infections i.e. HIV, syphilis, chlamydia, | <input type="checkbox"/> Diagnosed or presumptive Fetal Alcohol Syndrome | <input type="checkbox"/> Other: _____ |

SOCIAL AND JUSTICE CONCERNS (CHECK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Patient experiences homelessness or needs housing supports. | <input type="checkbox"/> Patient lacks employment, has no insurance or medication coverage. | <input type="checkbox"/> Patient lacks identification. |
| <input type="checkbox"/> Justice Concerns (i.e. warrants, legal challenges) | <input type="checkbox"/> Experiencing Violence | <input type="checkbox"/> Other |

MENTAL HEALTH CONCERNS (CHECK ALL THAT APPLY)

- | | | | | |
|---|------------------------------------|-------------------------------|---|---------------------------------|
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Psychosis | <input type="checkbox"/> ADHD | <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Other: |
|---|------------------------------------|-------------------------------|---|---------------------------------|

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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:

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**UNIVERSITY OF
CALGARY**
HOTCHKISS BRAIN INSTITUTE
THE MATHISON CENTRE
for MENTAL HEALTH RESEARCH & EDUCATION