



**Rapid Access Addiction Medicine (RAAM) Clinic-**

 **Referral Form**

*Patient Label*

The MGH RAAM clinic is staffed by an interdisciplinary team of a physician and counsellor. It provides *short term* outpatient addiction-related medication and counseling treatment.

To ensure continuity of care, please fax this referral for **all** patients to 416-461-1164.

Please instruct patients to go to the **Admitting Department, First Floor, MGH between 8:45-11 am Tuesday and Fridays**. Please give a copy of this form to the patient to bring with them.

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| Patient Last Name:   | Patient Given Name: | DOB: (Day/ Month/ Year) |
| Address: | Town/ City: Prov: | Postal Code: |
| OHIP: | Version Code:  | Telephone #: |
| Date of Referral: | Referred By: | Family Physician: |

**Short description of addiction issue(s):**

**Past Medical History:**

**Medication list:**

**\*\*\*Though we try our best to reduce wait times at clinic, please inform patients that they may have to wait to see a physician\*\*\*\***

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