

Patient Label

The MGH RAAM clinic is staffed by an interdisciplinary team of a physician and counsellor. It provides

outpatient addiction-related medica	tion and counseling treatn	nent as well as	community referrals.
	Date of Referral:		
Referred by:			
Referral contact info: Phone:	Fax:		
CLIENT INFORMATION			
Patient Last Name:	Patient Given Name:		DOB: (Day/ Month/ Year)
Address:	Town/ City:	Prov:	Postal Code:
OHIP:	Version Code:		Telephone #:
Family Physician:	Family Physician Contact:	:	
Purpose of referral:			
Past Medical and Psychiatric His	tory:		
Current Medications			

REFERRALS: PHONE (416) 469-6580 ext. 2517 (leave message) | **FAX** (416) 469-6221

Hours: Monday 8am–12pm | Tuesday 9am–12pm | Thursday 1pm-5pm

Appointment Registration: Admitting Department, First Floor, Michael Garron Hospital.