



**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.

|  |  |  |
| --- | --- | --- |
| 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\*\*\*\***

SP-936 (Rev.2018) Forms WG Approval Date 03/2018