



**Patient Demographics (complete or adhere label)    Date of Referral:**

\_\_\_\_\_

Name:

\_\_\_\_\_

Health Card #:

\_\_\_\_\_

Date of Birth (day/month/year):

\_\_\_\_\_

Gender: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

Address (including postal code):

\_\_\_\_\_

\_\_\_\_\_

**Patient Substance Use Information (check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Concurrent Disorders                | <input type="checkbox"/> Alcohol Use            | <input type="checkbox"/> Cannabis Use  |
| <input type="checkbox"/> Benzodiazepine Use                  | <input type="checkbox"/> Opioid Use             | <input type="checkbox"/> Stimulant Use |
| <input type="checkbox"/> Hallucinogen Use                    | <input type="checkbox"/> Drug induced psychosis | <input type="checkbox"/> Pregnant      |
| <input type="checkbox"/> Withdrawal follow up (Substance(s): |   |  |

\_\_\_\_\_

☐ Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Treatment Initiated**

☐ Suboxone \_\_\_\_\_mg      ☐ Methadone \_\_\_\_\_mg      ☐ Kadian \_\_\_\_\_mg

**PARTNER AGENCIES**

GRAND RIVER COMMUNITY HEALTH CENTRE  
SOAR COMMUNITY SERVICES  
DE DWA DA DEHS NYE>S ABORIGINAL HEALTH CENTRE  
CANADIAN MENTAL HEALTH ASSOCIATION BRANT HALDIMAND NORFOLK

519 758 8443 - PHONE  
226 250 1037 - FAX  
12 MARKET ST.  
BRANTFORD, ON.

☐ Naltrexone \_\_\_\_\_mg  
\_\_\_\_\_mg

☐ Campral \_\_\_\_\_mg

☐ Gabapentin

☐ Olanzapine \_\_\_\_\_mg

☐ Lorazepam \_\_\_\_\_mg

☐ Diazepam \_\_\_\_\_mg

☐ Other

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☐ **Prescription Provided**      **# of Days** \_\_\_\_\_ **Pharmacy:**

**Medical Practitioner Name:**

**Signature:**