



UHN

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

**Rapid Access Addiction Medicine
(RAAM) Referral**

Addressograph

Rapid Access Addiction Medicine (RAAM) Referral

2nd floor, West Wing (2WW – POD 2)
Toronto Western Hospital
399 Bathurst Street, Toronto, ON, M5T 2S8
raam@uhn.ca
Fax: (416) 603-5407

Referral Date: _____
(dd/mm/yyyy)

Reason for Referral: *(select all that apply)*

- ☐ Alcohol Use Disorder
- ☐ Alcohol Withdrawal Follow Up
- ☐ Opioid Use Disorder
- ☐ Opioid Withdrawal Follow Up
- ☐ Other (please specify): _____

Medications:

Received in Hospital: _____ ☐ ED patient _____
(name of medication) (total dose)
☐ Inpatient _____
(daily dose)

Prescription at Discharge: _____
(name of medication, dose, duration)

Referring Physician: _____ Billing Number: _____

Signature: _____