

SUBSTANCES USED (CHECK ALL THAT APPLY)

- | | | | |
|----------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Opioids | <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> Benzodiazepines |
| <input type="checkbox"/> GHB | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Ketamine | <input type="checkbox"/> Z- drugs (e.g. Zopiclone, Zolpidem) |
| <input type="checkbox"/> Kratom | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Smoking / Nicotine | <input type="checkbox"/> Alkyl nitrates (Poppers) |
| | | | <input type="checkbox"/> Other: _____ |

BEHAVIORAL ADDICTIONS (CHECK ALL THAT APPLY)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Sex / Party and Play | <input type="checkbox"/> Food / Binge eating |
| <input type="checkbox"/> Pornography | <input type="checkbox"/> Video gaming / Internet | <input type="checkbox"/> Other: _____ |

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Medication/ pharmacotherapy support for client. | <input type="checkbox"/> Psychosocial support and group therapy. | <input type="checkbox"/> Concurrent pain and addiction management. |
| <input type="checkbox"/> Home/community based detoxification services. | <input type="checkbox"/> Concurrent mental health and addiction management. | <input type="checkbox"/> Referral to Residential Treatment |
| <input type="checkbox"/> Claresholm/Ponoka Referral | <input type="checkbox"/> Concurrent Pregnancy/Perinatal Management | <input type="checkbox"/> Substance induced psychosis. |
| <input type="checkbox"/> | | <input type="checkbox"/> Other : _____ |

RESIDENTIAL TREATMENT STREAM (CHECK ALL THAT APPLY)

- | <u>Before Treatment</u> | <u>During Treatment</u> | <u>After Support</u> |
|---|--|--|
| <input type="checkbox"/> Medication and psychosocial support prior to residential treatment. | <input type="checkbox"/> Medication review and continued medication management and adjustments while in residential treatment. | <input type="checkbox"/> Medication and psychosocial support post residential treatment. |
| <input type="checkbox"/> Physical exam and medical form evaluation for residential treatment. | | <input type="checkbox"/> Transitional support post discharge from residential treatment. |
| <input type="checkbox"/> Medication review prior to residential treatment. | | |

ADDITIONAL MEDICAL CONCERNS (CHECK ALL THAT APPLY)

- | | | |
|---|--|---|
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Cognitive Concerns / Capacity concerns | <input type="checkbox"/> Nutritional concerns |
| <input type="checkbox"/> Sexually Transmitted and Blood Borne Infections i.e. HIV, syphilis, chlamydia, | <input type="checkbox"/> Diagnosed or presumptive Fetal Alcohol Syndrome | <input type="checkbox"/> Other: _____ |

SOCIAL AND JUSTICE CONCERNS (CHECK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Patient experiences homelessness or needs housing supports. | <input type="checkbox"/> Patient lacks employment, has no insurance or medication coverage. | <input type="checkbox"/> Patient lacks identification. |
| <input type="checkbox"/> Justice Concerns (i.e. warrants, legal challenges) | <input type="checkbox"/> Experiencing Violence | <input type="checkbox"/> Other |

MENTAL HEALTH CONCERNS (CHECK ALL THAT APPLY)

- | | | | | |
|---|------------------------------------|-------------------------------|---|---------------------------------|
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Psychosis | <input type="checkbox"/> ADHD | <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Other: |
|---|------------------------------------|-------------------------------|---|---------------------------------|

**Rapid Access Addiction Medicine (RAAM)
and Adult Addiction Services Calgary**
707 10 Ave SW, Calgary, AB
Telephone: 403-367-5000
Fax: 403-367-5010



Rapid Access Addiction Medicine Referral Form and Adult Addiction Services Calgary (*Client Copy*)

NOTE: A referral or pre-scheduled appointment is NOT necessary to access services at Adult Addiction Services Calgary. Anyone can access ALL services on a walk-in basis at 12:30pm on any weekday, Monday-Friday at the clinic (3rd Floor, 707 10 Ave SW).

It has been recommended that you obtain Rapid Access Addiction Medicine (RAAM) services at Adult Addiction Services Calgary (AASC), which is a separate service from your referring area. Once this form is received you can expect a telephone call from the AASC clinic scheduling your RAAM intake.

All Adult Addiction services, including the Rapid Access Addiction Medicine service, are also available on a walk-in basis at 12:30pm on any weekday, Monday-Friday and can be accessed at:

RAAM / Adult Addiction Services Calgary

3rd Floor, 707 - 10 Ave SW, Calgary, AB

General Hours: Monday-Friday 8am-5pm

Intake Hours: Daily at 12:30

Concurrently, Adult Addiction Services Calgary offers counseling-based addiction therapy and Addiction Medicine services in a non-judgemental, welcoming, and inclusive environment for individuals and their families.

NOTES:

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**UNIVERSITY OF
CALGARY**



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THE MATHISON CENTRE
for MENTAL HEALTH RESEARCH & EDUCATION