Addiction Services
of Thames Valley / Services de toxicomanie de Thames Valley

200 Queens Ave. Suite 260. London ON N6A 1J3
Phone: 519-673-3242 ext. 281
Fax: 519-673-1022

Rapid Access Addiction Medicine (RAAM) Clinic Referral Form

This referral form is intended for an agency/organization that wishes to refer a client to the Addiction Services of Thames Valley's RAAM Clinic. Once completed, please fax to **(519) 673-1022.** For internal referrals please add the referral to catalyst and email the RAAM team indicating a referral is on file.

Client Information:

Name: _____ Referral Date: _____

Date of Birth (dd/mm/yy): _____ Gender: _____

Street Address: _____

Health Card Number: _____ VC: _____ Exp.Date: _____

City: _____ Postal Code: _____

Primary Phone: _____ Okay to call ☐ Yes ☐ No
Leave message ☐ Yes ☐ No

Phone restrictions: _____ Allergies: _____

Referral Information:

Referral Source: _____ Referral Name: _____

Phone: _____ Fax: _____

Reason for Referral:

Treatment Initiated (if any):

Billing #:

Please attach relevant medical/psychiatric history and current medication list

For Internal ADSTV Referrals Only:	File Open: ☐ Yes ☐ No
Catalyst #: _____	Referral on File: ☐ Yes ☐ No

Please inform client that a urine sample is required at each clinic visit

Clinic Hours:
Mondays 8:30-11:30am and 12:30-3:30pm
Tuesdays 8:30-11:30am
Wednesday 7:30-10:30am
(Closed on all Statutory Holidays)