Saskatchewan Health Authority

OVERDOSE OUTREACH REFERRAL FORM

PHONE: 306-510-3445

EMAIL: OOTRegina@saskhealthauthority.ca

DEMOGRAPHIC INFORMATION:

NAME OF CLIENT:	HEALTH SERVICES NUMBER:	DATE OF BIRTH: YYYY MM DD
CLIENT'S ADDRESS:		POSTAL CODE:
EMAIL:	☐ VERBAL CONSENT	GENDER IDENTIFICATION: ☐ FEMALE ☐ MALE
TELEPHONE (HOME):	TELEPHONE (WORK):	TELEPHONE (CELL): / CAN A PHONE MESSAGE BE LEFT? ☐ YES ☐ NO

Referral Source

- ☐ EMS
- ☐ Family/Friend
- ☐ Regina Fire and Protective Services ☐ Wellness Check
- ☐ Regina Police Services
- ☐ Community Organization (please specify) _____
- ☐ SHA – Community _____
- ☐ Self
- ☐ SHA- Hospital _____ ☐ Physician/Nurse
  - ☐ EDAC
  - ☐ Social Work
- ☐ Other _____

DATE OF REFERRAL:	YYYY MM DD	**DATE OF OVERDOSE:**	YYYY MM DD

Other Information that may assist with locating and/or supporting this individual

_____

_____

Name and contact information of person referring _____

_____

OFFICE USE ONLY (OOT TEAM TO FILL OUT)

DATE OOT REFERRAL RECEIVED: YYYY MM DD	**DATE FILE CLOSED:** YYYY MM DD **CMH #:**