



Saskatchewan
Health Authority

OVERDOSE OUTREACH TEAM (OOT)
REFERRAL FORM

PHONE: 639-471-8335

FAX: 306-655-4933

EMAIL: OOTSaskatoon@saskhealthauthority.ca

DEMOGRAPHIC INFORMATION:

NAME OF CLIENT:	HEALTH SERVICES NUMBER: (If available)	DATE OF BIRTH: (If available) YYYY MM DD
CLIENT'S ADDRESS:		POSTAL CODE:
<input type="checkbox"/> NO FIXED ADDRESS		<input type="checkbox"/> VERBAL CONSENT
TELEPHONE (HOME): WORK: CELL:	ALTERNATE CONTACT INFORMATION:	CAN A PHONE MESSAGE BE LEFT? <input type="checkbox"/> YES <input type="checkbox"/> NO

Referral Source:

- ☐ Medavie
☐ Saskatoon Fire Department
☐ Saskatoon Police Services
☐ Mental Health and Addiction Services (specify) _____
☐ Community Based Organization (specify) _____
☐ SHA- ER Hospital ☐ RUH ☐ Physician/Nurse
 ☐ St. Paul's ☐ EDAC
 ☐ City ☐ Social Work
☐ Saskatoon Crisis Intervention Services
☐ Self
☐ Family/Friend
☐ Other _____

DATE OF REFERRAL:	YYYY MM DD	ADDRESS OF OVERDOSE:	
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: _____ _____	