PHONE: 639-471-8335
EMAIL: OOTSaskatoon@saskhealthauthority.ca

PHONE: 306-510-3445
EMAIL: OOTRegina@saskhealthauthority.ca

OVERDOSE OUTREACH REQUEST FORM

DEMOGRAPHIC INFORMATION:			
Name of Client:		Health Services Number:	Date of Birth: YYYY/MM/DD
Client's Address:		Postal Code:	☐ Verbal Consent
Email:		Gender Identification: ☐ Prefer to self-identify: ☐ Female ☐ Non-binary ☐ Male ☐ Prefer not to answer	
Telephone (Cell):	Telephone (Home):	Telephone (Work):	Can a phone message be left? ☐ Yes ☐ No

SOURCE OF SERVICE REQUEST:

- ☐ Self/Client
- ☐ EMS/Medavie
- ☐ Family/Friend
- ☐ Regina Fire and Protective Services ☐ Wellness Check
- ☐ Regina Police Services
- ☐ Saskatoon Fire and Protective Services ☐ Wellness Check
- ☐ Saskatoon Police Services
- ☐ Mental Health & Addiction Services (please specify)
- ☐ Community Organization (please specify)
- ☐ Saskatchewan Health Authority - Community:
- ☐ Saskatchewan Health Authority – Hospital:
  - ☐ Physician/Nurse ☐ Emergency Department Addiction Counselor ☐ Social Work
  - ☐ Other provider:
- ☐ Other

DATE OF REQUEST: YYYY/MM/DD	**DATE OF OVERDOSE** YYYY/MM/DD
ADDRESS OF OVERDOSE:	
Information that may assist with locating and/or supporting this individual:	Name/contact information of person referring:

OFFICE USE ONLY (OOT TEAM TO FILL OUT)	
DATE OOT REQUEST RECEIVED: YYYY/MM/DD	**DATE FILE CLOSED:** YYYY/MM/DD
	CMH #: