

Providence Crosstown Clinic Self Referral form

Date: _____ Date of birth: _____

Legal Name: _____ Preferred name: _____

Gender: _____ Pronouns (he/him, she/her, they/them): _____

Do you self identify as Indigenous, Metis, or Inuit? Yes / No

Do you self identify as Black or a Person of Colour (POC)? Yes / No

Address/hangouts: _____

Best way to contact you: _____

Is there somewhere we can leave a message for you? _____

Family doctor/other clinics you access: _____

What is your drug of choice? _____

Do you use any other substances? Which ones? _____

How long have you been using opioids? _____

How do you consume your opioids (IV/IM/inhalation)? _____

How often are you **injecting** opioids (please be specific; eg. 3x/day or 5x/week)? _____

Would you be interested in inhalable DAM (prescription heroin) when it is available? Yes / No

If accepted to the Crosstown iOAT program, would you have any access needs? (Do you have to travel far/do you have accessibility or mobility needs/anything else)? _____

Have you tried other OAT (opiate assisted therapy)? Yes / No

Which medications (eg. suboxone, methadone, kadian)? _____

Current treatment (if any): _____

Is there a specific treatment that you are looking for? _____

How many overdoses have you in the past six months that required Narcan? _____

Are you a former Crosstown, SALOME or NAOMI client? _____

Are you a family member or spouse of a client already in the program? Who? _____

Would you be able to come into the clinic for a last minute intake? _____

I give Crosstown Clinic permission to access my medical records to determine my eligibility for the program.

Signature _____

Please return form to: 84 W Hastings St (until June 2022)/77 East Hastings St (after June 2022) 604-689-8803 x 221

You may be contacted by the Overdose Outreach Team for support and services while on the waitlist