

**Buprenorphine/Naloxone (Suboxone®)
Initiation in Emergency
Departments/Urgent Care Centres
Referral**

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
Personal Health Number		ULI <input type="checkbox"/> Same as PHN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X)			

This form is used to refer patients from Emergency Departments/Urgent Care Centres (EDs/UCCs) to Opioid Use Disorder (OUD) Treatment Clinics or Primary Care Clinics.

For the list of clinic referral options, please see the clinic contact information and locations provided with this referral. Patients discharged from the ED/UCC can present to a clinic the next business day without a booked appointment. Patients referred to the **Virtual Opioid Dependency Program** (telemedicine) will be contacted by phone within **24 hours** of discharge.

Once a clinic has been selected, and all sections below have been completed, please fax this form to the clinic. Include a copy of the ED chart and the Clinical Opiate Withdrawal Scale(s) (COWS).

Emergency Department/Urgent Care Centre		
Encounter Date <i>(yyyy-Mon-dd)</i>	Patient Primary Phone Number	Alternate Phone Number
Clinic Information		
Name of Clinic referred to		
ED/UCC Treatment Information		
<input type="checkbox"/> ED Induction Total buprenorphine/naloxone dose given in ED/UCC 2mg/0.5mg i SL x _____ doses Time <i>(24hrs)</i> : _____ Total buprenorphine/naloxone dose given to go: 2mg/0.5mg i SL x _____ doses <input type="checkbox"/> Home Induction 2mg/0.5mg i SL x _____ doses given to go		
Name of Referring Physician/Nurse Practitioner	Signature	Date <i>(yyyy-Mon-dd)</i>

Please **provide** a copy of this referral to the patient.