Northwood Recovery Clinic
CENTRAL PHONE: 1 (705) 806-3737
CENTRAL FAX: 1 (705) 806-2985
www.northwoodrecovery.ca

NORTHWOOD RECOVERY REFERRAL FORM

DATE OF REFERRAL (dd/mm/yyyy): .....

CLIENT/PATIENT INFORMATION:

Last Name: ..... First Name: .....
Date of Birth: ..... Gender: ☐ Female ☐ Male ☐ Transgender
Health Card Number: ..... Version Code: .....
Address: .....
Postal Code: ..... City: ..... Country: .....
Phone: ..... Alternate Phone: .....

REFERRAL SOURCE INFORMATION:

Referral Source: .....
Check One: ☐ Family Physician ☐ Nurse Practitioner ☐ Psychiatrist ☐ Other: .....
Reference Name (if applicable): ..... Billing Number (if applicable): .....
Address: .....
Postal Code: ..... City: ..... Country: .....
Phone: ..... Fax: .....
Signature: ..... Date: .....

REASON FOR REFERRAL:

☐ Opiate Use Disorder (this includes patients on chronic opiates who are now dependent)
☐ Substance Use Disorder
☐ Substance Use Aftercare
☐ Withdrawal Management
☐ Other: .....

CURRENT MEDICATIONS (if available):

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.....
.....

SELECT CLINIC:

☐ Sudbury ☐ Sault Ste. Marie ☐ Thessalon
☐ Massey ☐ Garden River ☐ Naughton
☐ M'Chigeeng ☐ Wikwemikong ☐ Little Current
☐ Haileybury ☐ Serpent River ☐ Blind River

PLEASE FAX COMPLETED REFERRAL TO: 1 (705) 806-2985