EQUIPE DESANTE FAMILIALE
www.bywardfht.ca
Tel/Tel: 613-564-3950

2-316 Rideau Street
Ottawa, Ontario K1N 5Y5

FAMILY HEALTH TEAM
www .bywardfht.ca
Fax/Telec: 613-564-6627

ByWard Cannabis Cessation Clinic Referral Form

Referring Physician Information

Name _____ Billing No. _____

Address _____ City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Signature _____ Date (YYYY/MM/DD): _____

Patient Information

Name _____ Birth Date (YYYY/MM/DD): _____

Healthcard # _____

Expiry _____

Street Address _____ City _____ Province _____ Postal Code _____

Phone (Home) _____ Phone (Mobile) _____ Phone (Other) _____

Referral for

☐ Assessment and treatment for cannabis use disorder

☐ Other: please specify: _____

****Please include referral letter with past medical history, medications, allergies and any other relevant** information. Important clinical information:**

Additional Notes (optional):_____

_____

_____

Clinic Information:

Services are in English only

Services are covered by OHIP

No outside use charges - Dr. Ramin holds a GP Focused Practice in Addiction Medicine

Patients will receive an initial intake assessment followed by appropriate follow-up

Services include education, motivational support, referrals to allied services, and pharmacotherapy if indicated

Fax completed referral form and accompanying referral letter to: 613-564-6627
For questions, contact: 613-564-3950 ext. 8823