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Good Shepherd Addictions Nurse Practitioner Referral Form

The Addictions NP aims to reduce addictions-related morbidity and mortality through rapid, low-barrier addictions support and treatment. Community-based care is provided in several locations throughout central Hamilton and/or in the home. Once stabilized, clients are referred back to primary care for long-term follow-up.

REFERRED BY:

Name _____ Service/Program _____
Location/Institution _____
Phone _____ Fax _____

PATIENT INFORMATION:

Name _____ HCN _____
DOB _____ Age _____ Gender _____
Preferred name/pronouns _____ n/a
Preferred contact Phone _____ no phone text only
Email address _____
Primary Care Provider _____ Address/Phone _____
Housing: Private home Subsidized housing Precariously housed Shelter/Homeless

Substances of Concern:

Alcohol Nicotine Amphetamines Opioids Cannabis
 Sedatives and hypnotics (e.g., benzodiazepines, barbiturates) Cocaine Hallucinogens
 Other _____

Current Medications (or attach medication list) _____

Past Medical/Psych History (or attach problem list) _____

Yes No Patient consents to referral?
 Yes No Patient is interested in treatment for substance use disorder?
 Yes No Has any treatment been initiated? If yes, please specify: _____

Additional Comments:

Signature

Date (DD/MM/YY)

Please call with any questions. Send completed form to the fax or email indicated above.

Office Use Only:

Referral received: _____
(dd/mm/yy)

First appt: _____
(dd/mm/yy)