Mobile Withdrawal Management Services

Referral Form

Fax: 204-784-4013

Client Information

Legal Last Name: ____________________
Legal First Name: ____________________
Chosen Name (if different from above): ____________________
DOB: ________________ (DD-MMM-YYYY) Gender: _____
PHIN: ________________ MFRN: ____________

Referring Provider: __________________________
Referring Program: __________________________
Phone: _____________________
Fax: _____________________

Address: ____
City: _______________ Province: _____ Postal Code: _________

OR ☐ No fixed address

Is a STAR bed required? ☐Y ☐N

Has client consented to this referral? ☐Y ☐N

Please provide phone number(s) client can be reached at[1]:

_____________________ _____________________ _____________________ Can a message be left? ☐Y ☐N

Has this individual entered a detoxification program in a community or ambulatory setting in the past? ☐Y ☐N

If yes, please provide additional information:

____
____
____

Eligibility Criteria[2]

Please indicate client meets eligibility criteria using the checkboxes below

☐ Client has no anticipated severe or complicated withdrawal including seizures
☐ Client is medically stable and deemed safe to be managed in a community setting
☐ Client is psychiatrically stable and deemed safe to be managed in a community setting

Substance(s) of Concern

Indicate primary substance

☐ Alcohol ☐ Cannabis ☐ Stimulants
☐ Benzodiazepines ☐ Opioids ☐ Other: _____________________

Date of last use: ________________ (DD-MMM-YYYY)

Additional Information (optional):

____
____
____

Please attach an addictions care plan or discharge summary including relevant medical and psychiatric history as well as the client's current pharmacy and medication(s).

[1] *If client does not have contact number, please call MWMS directly to arrange client intake.*
[2] *Klinic will attempt to reach client within 24 hours of receiving an eligible referral. You will be notified via fax if we are unsuccessful at contacting your client, they decline an appointment, or do not meet eligibility criteria.*