

VIRTUAL ADDICTION MEDICINE CLINIC REFERRAL

Mental Health and Substance Use

Patient Name (last) _____
(first) _____
DOB (dd/mmm/yyyy) _____
PHN _____ MRN _____
Account/Visit # _____
IH USE ONLY

Purpose: The Virtual Addiction Medicine (VAM) Clinic accepts referrals from Interior Health (IH) facilities and First Nations Health Authority (FNHA) partners for the assessment and treatment of Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD).

VAM Hours: Monday-Saturday from 9:30-16:30 PST.

Instructions:

1. Scan completed form to VAM@interiorhealth.ca
2. If you have any questions please call 250-868-7788.

Referral Information

Referral Date (dd/mmm/yyyy): _____ Referred by (name): _____
Phone: _____ Referring Facility: _____

Patient Information

First Name: _____ Last Name: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____ PHN: _____ Date of Birth (dd/mmm/yyyy): _____
What is the best way to contact the patient? Phone (OK to leave message) In person Other _____

Current Providers: Family Physician (name if known): _____
 Other: _____

- The patient has been assessed by a clinician (include records with referral)
- Patient is 12-17 years old AND patient's [Circle of Care](#) document is attached

Permanent part of the health record

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Complete the information below for referral to VAM for Opioid Use Disorder (OUD) or Alcohol Use Disorder (AUD).
 Complete only the section that applies and include any additional notes you feel would help with this referral.

Opioid Use Disorder (OUD)

- The patient requires treatment for OUD
 - The patient requires a physician assessment for OUD and initiation of Opioid Agonist Treatment (OAT)
 - The patient has been assessed and diagnosed with OUD, and requires an escalation or continuation of care

Details of existing OAT prescription: _____

Current OAT provider (clinician name): _____

- The patient is booked for a future appointment with a local OAT prescriber. Appointment Date (dd/mmm/yyyy): _____

The Virtual Addiction Medicine service is intended to bridge patients until they can be seen by a local prescriber, and is not a longitudinal service. Referring facilities offering longitudinal care must book the patient with a local prescriber prior to referral.

Alcohol Use Disorder (AUD)

- The patient requires treatment for AUD
 - The patient requires an initial physician assessment for AUD and initiation of pharmacotherapy for relapse prevention or harm reduction
 - The patient has been assessed and diagnosed with AUD, and requires a continuation of care until they can be seen by a community provider

Details of existing AUD prescription: Naltrexone
 Acamprosate
 Gabapentin
 Topiramate
 Other: _____

Additional Notes

Date (dd/mmm/yyyy)	Time (24 hour)	Printed Name/Signature	Initials	Designation / College ID #
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