



**COMPREHENSIVE
TREATMENT CLINIC**

tel: 647 490 4008
fax: 647 689 5890
info@ctctoronto.com

1154 Danforth Ave.
Toronto, ON
M4J 1M3

ctctoronto.com

**CTC is a NEW kind of addictions clinic focused on whole person care.
Our services include medication, counselling, art workshops, and more.**

A VALID OHIP CARD IS REQUIRED FOR SERVICE

Patient Information

Name: _____

Date of Birth: _____

Health Card Number: _____

Phone Number: _____

***Please bring OHIP card to first visit**

(can messages be left?) Yes No

Email Address: _____

I wish to remain involved in this patient's care and I would like a consult note? Yes No

What would you like the doctor to do? (e.g. prescribe meds for cravings or withdrawal, blood work, tests, etc.)

Substances of concern:

- Opioids
- Amphetamines
- Cocaine
- Nicotine
- Alcohol
- Sedatives (e.g. benzodiazepines)
- Cannabis
- Other: _____

Treatment initiated (if any): Suboxone® _____ mg Other: _____
 Methadone _____ mg

Current Medications

Medical Conditions

Allergies

Referred By: _____

Date of Referral: _____

Referrer's Phone Number: _____

Referrer's Fax Number: _____

Please attach or fax blood tests, ECG and other important results or documents (if available)