



**COMPREHENSIVE  
TREATMENT CLINIC**

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

Date of Referral: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Referred By: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

(can messages be left?)  Yes  No

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

*Reason for Referral*

**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*

\_\_\_\_\_  
Signature/Stamp

\_\_\_\_\_  
Date (dd/mm/yyyy)