Hamilton Urban Core Community Health Centre

"Strong Core, Healthier Lives."

Hamilton Urban Safer Supply (HUSS) - Program Referral Form

Referrals can be sent by fax to (905) 522-3706 (Attention: HUSS Team), dropped off in person at 70 James St. South (at the yellow cottage in the church courtyard - off of James St South) or our main site at 181 Main St. West.

Clients accepted to the program will be under the care of a primary care provider (Nurse Practitioner) and will be provided with wrap around support of an interdisciplinary team.

Please note: In order to assess eligibilty, all questions must be answered. If you need support with the completion of this referral, please connect with us at 905-522-3233 (ask for a HUSS team member).

☐ I am referring someone else. ☐ This is a self-referral

Referee Agency	
Referee Name	
Referee Contact Information	

PATIENT DEMOGRAPHICS

First Name		**Last Name**	
Preferred Name		**Pronouns**	
Date of Birth		**Sex/Gender**	
Phone number	☐ CONSENT TO LEAVE MESSAGE	**Email Address** (if applicable)	
Emergency Contact	☐ CONSENT TO LEAVE MESSAGE ☐ CONSENT TO DISCUSS PERSONAL MEDICAL INFORMATION	**Relationship to Patient**	
Prescription Drug Coverage	☐ **Yes** (Ontario Drug Benefit or other)	☐ **No** (pays for medication out of pocket)	
Health Card	Number: Version Code: Expiry:		
Do any of the following apply to you? *(Select all that apply)*	☐ Indigenous ☐ Black ☐ Woman/gender fluid/ trans/ non-binary ☐ Person of Colour ☐ LGBTQ2S+		
Housing Status *(Select all that apply)*	☐ Housed – Home Address_____ ☐ No Fixed Address ☐ Shelter_____ ☐ Couch Surfing ☐ Other temporary: _____		

Current <u>prescription</u> medications

Reminder: if currently prescribed Methadone, Suboxone or Kadian, you should not discontinue use prior to connecting with SOS prescriber. Abrupt discontinuation can be fatal with rapidly shifting drug supply.

Health issues - past or current <u>physical</u> or <u>mental</u> health issues?

(HIV, Hep C, Endocarditis, spinal abscesses, sepsis, osteomyelitis or previous prolonged hospitalizations due to IV drug use)

Identification *Do you have physical copies of any of the following pieces of identification?*

- ☐ Birth Certificate
- ☐ Verification of Status
- ☐ Indigenous Status Card
- ☐ Permanent Resident Card
- ☐ Passport
- ☐ Health Card
- ☐ Ontario Photo Card
- ☐ SIN Card

Status in Canada

☐ Canadian Citizenship ☐ Permanent Resident ☐ Temporary Resident Visa
☐ Refugee Status ☐ Prefer not to answer ☐ Other:

Community Supports - *Do you frequent any drop ins? Connect with agency workers? Have any contact with friends/ family?*

Income Source -*What is your current income source? (OW, ODSP, CPP, employed etc.)*

Additional Information - *Please provide any additional information you would like to add*

Drug(s) of Choice/Method Example: Fentanyl, 1st choice, mostly IV, sometimes smoking, etc.	**Preference** (1st, 2nd, 3rd…)	**Frequency** (approximately how often?)
		☐ Daily ☐ 1-2 x/week ☐ 3-4 x/week ☐ 5-6 x/week ☐ Other
		☐ Daily ☐ 1-2 x/week ☐ 3-4 x/week ☐ 5-6 x/week ☐ Other
		☐ Daily ☐ 1-2 x/week ☐ 3-4 x/week ☐ 5-6 x/week ☐ Other
		☐ Daily ☐ 1-2 x/week ☐ 3-4 x/week ☐ 5-6 x/week ☐ Other
		☐ Daily ☐ 1-2 x/week ☐ 3-4 x/week ☐ 5-6 x/week ☐ Other

Overdose History:

	Yes	No
Have you ever experienced a Drug Overdose (OD)?		
Have you experienced an OD in the past month?		
Are you currently receiving Opioid Agonist Therapy Program (OAT)?		

Do you currently have an MD/NP or Opioid Agonist Therapy Program (OAT) Provider?	Yes	No

If YES to the above: - Please enter provider contact information below:

Do we have your consent to discuss the contents of this referral with your current provider?

☐ Yes ☐ No

If you are receiving or have ever received OAT, please describe your experiences below:

If there is anything else you would like the team to know, please outline below:

All information collected on the referral form is confidential and is protected under the Personal Health Information Protection Act. The communication provided is solely for the use of the HUSS program and will not be shared without consent.