



SAFER SUPPLY REFERRAL FORM

Email: safersupply@sanguen.com

Individual **must** reside in The Region of Waterloo, ON

Referral Date: _____

Client Information

Legal Name:	HC# (If applicable):
Date of Birth: <small>(Day/Month/Year)</small>	Spoken Language:
Phone Number:	Address:
Email Address:	Preferred Method of Contact:

Referring Agency Information

Name:	Agency:
Phone:	Fax:
Email:	

Screening Questions

Substance Use

Do you use Fentanyl? How many points per day?
What is your method of use?
Do you use any other substances?
Have you ever developed abscesses from your injection practices?
Have you ever been hospitalized for endocarditis or sepsis?
Have you ever overdosed? How many times in the past 6 months?
Have you ever been hospitalized after an overdose?

Activities Related to Substance Use

Are you an active sex trade worker?

Have you ever been trafficked?
Do you participate in high-risk activities to obtain your substances? If yes, are you hoping to reduce the need to participate in high-risk activities?
Housing
How long have you resided in Waterloo Region?
Do you lack stable housing?
Where do you usually shelter?
Medical Information
Do you have a family doctor or Nurse Practitioner? If yes, do you see that person on a regular basis?
Are you pregnant?
Do you know your HIV or Hepatitis C status? If yes, are you currently on medication?
Have you ever been diagnosed with a mental health illness?
Have you ever been hospitalized due to your mental health?
How many times have you presented to the emergency department in the last 6 months?
Do you have any complex medical issues or diagnosis? Please provide details.
Additional Information
Are you engaged with any other community support? Please list.
Are you currently on OW, ODSP, CPP, or EI?
Is there any other information or concerns that you would like us to be aware of?

Please note that we will be in contact with you to discuss services and program options once the referral is received.