



SAFER SUPPLY REFERRAL FORM

Referrals can be submitted independently or by a service provider on behalf of somebody interested in the program. Referrals can be submitted online at sanguen.com/safer-supply-program or in person at 115 Water Street North, Kitchener. In person drop off is only open between 1:00pm and 4:00pm on the date referrals are being accepted. Once we receive 20 referral forms the window to submit referral forms will be closed until the next opening date. **Please see sanguen.com for referral opening dates.** Due to capacity we will not be holding a wait list. If you have any questions about the program, feel free to reach out at safersupply@sanguen.com.

Referral Date: _____

Client Information - Individual must reside in Kitchener Waterloo

Last Name

First Name

Date of Birth

Sex (as indicated on Health Card)

Gender

Preferred Pronouns

Spoken Language

Health Card Number

Do you identify as BIPOC (Black, Indigenous, Person of Color)?

Main Telephone

Email

Address/Where are you staying right now?

Prescription Drug Coverage (OW/ODSP/OPP/Other)

Referring Agency Information

Name

Agency

Contact Information

History of Substance Use

Do you use Fentanyl?

Yes

No

How many points per day? _____

What is your method of use? (Check all that apply)

Injection

Smoking

Snorting

Muscling

Other: _____

What other substances do you use? (Check all that apply)

Crystal Methamphetamine

Cocaine

Crack

Marijuana

Unprescribed Hydromorphone

Unprescribed Benzodiazepines

Alcohol

Other: _____

How many times have you overdosed in the last month? _____

How many times have you overdosed in the last six months? _____

Are you currently on: (Check all that apply)

Methadone

Suboxone

Slow Release Oral Morphine

Have you previously been on: (Check all that apply)

Methadone

Suboxone

Slow Release Oral Morphine

Activities Related to Substance Use

Do you participate in high risk activities to obtain your substances? _____

Are you an active sex trade worker?

Yes

No

Have you ever been sexually exploited?

Yes

No

Housing

How long have you resided in Kitchener-Waterloo? _____

Do you lack stable housing?

Yes

No

Where do you usually shelter? (If applicable) _____

Medical Information

Do you have a family Doctor or Nurse Practitioner?

Yes

No

Have you previously or recently experienced any of the following physical health issues?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> GI obstruction or paralytic ileus leading to inability to swallow medications | <input type="checkbox"/> Unpredictable excessive alcohol or non-prescribed benzodiazepine use | <input type="checkbox"/> Endocarditis |
| <input type="checkbox"/> Allergy to Hydromorphone | <input type="checkbox"/> Severe lung, kidney, or liver disease | <input type="checkbox"/> Sepsis |
| <input type="checkbox"/> Uncontrolled/unmanaged seizures | <input type="checkbox"/> HIV | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Hepatitis C | |

Have you previously or recently experienced any of the following mental health issues?

- | | |
|--|--|
| <input type="checkbox"/> Severe mental health leading to hospitalization | <input type="checkbox"/> Mental health diagnosis |
|--|--|

Have you presented to an emergency department for any of the following reasons in the last six months?

- | | |
|--|---|
| <input type="checkbox"/> Overdose | <input type="checkbox"/> Complications due to substance use |
| <input type="checkbox"/> Mental Health Illness | <input type="checkbox"/> Other: _____ |

How many times have you presented to the emergency department in the last six months? _____

Please note that we will be in contact with you to discuss services and program options once the referral is received.
The information shared on the referral form is strictly confidential communication to and solely for the use of the Safer Supply program and will not be shared without prior consent. Last Revised January 2022