



## 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 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 10 referral forms the window to submit referral forms will be closed until the next opening date. **Please see [sanguen.com](http://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](mailto: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?

- GI obstruction or paralytic ileus leading to inability to swallow medications
- Allergy to Hydromorphone
- Uncontrolled/unmanaged seizures

- Unpredictable excessive alcohol or non-prescribed benzodiazepine use
- Severe lung, kidney, or liver disease
- HIV
- Hepatitis C

- Endocarditis
- Sepsis
- Other: \_\_\_\_\_

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

- Severe mental health leading to hospitalization
- Mental health diagnosis

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

- Overdose
- Complications due to substance use
- Mental Health Illness
- 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*