Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest

Québec

FORMAL REFERRAL

When you make a formal referral to any addiction program, please enclose the "Authorization to Exchange Information" form, all pertinent information including assessment or screening tools completed (DEBA-Jeu, AUDIT, DAST, DEP-ADO, etc.) and the reason for the referral. For more information, please contact our offices: Montreal at 514-486-1304 (or toll free 1-866-851-2255) and Montérégie 450-443-4413. (Or toll free: 1-866-964-4413) Date: _ Program referred to: ☐ Substance use disorder ☐ Gambling (yyyy-mm-dd) ☐ Youth – Gambling ☐ Youth - substance ☐ Cyber-dependance **Client Information:** First Name: Last Name: Date of Birth (yyyy-mm-dd): Medicare No.: Expiration (yyyy-mm): Gender: ☐ Male ☐ Female Age: At which number can we leave a message? Telephone – Home: Telephone – Work: Telephone – Other: Address: Postal Code City:

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Referral Source Information:	
Last Name:	First Name:
Organisation:	Telephone:
Comments:	
Authorisation to Exchange Information:	
I authorize the referring professional to transmit to the Mental Health and Addiction Program of the CISSSMO this referral form and any completed screening tools.	
I authorize,regarding this referral and its follow-up.	, to exchange information with the counsellor
This authorization is valid for 90 days. I am aware that I can modify or revoke this authorization at any time.	
Client or Legal Representative Signature	Date (yyyy-mm-dd)
Referring Professional Signature	Date (yyyy-mm-dd)
Please send the completed form by fax to the point of service indicated. Montréal: 514-486-2831	