

**TORONTO OPIATE SUPPORT TEAM (TOST) REFERRAL FORM**

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| Breakaway Community Services' TOST is composed of three addiction therapists providing:  1) case management, support, guidance to opiate users accessing services at community agencies,  2) counselling to clients of opiate replacement prescribers  TOST works in partnership with agencies serving youth, women and older adults. |

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| **ADMISSION CRITERIA** | | | | |
| * Currently using opiates/history of opiate use * Interest in Methadone or Suboxone/Buprenorphine * Currently on Methadone or Suboxone/Buprenorphine | | | | * All Youth (15-24) * Women/Trans * All Older Adults (50+) |
| **NOTE: men between 25 and 50 should be referred to Breakaway Satellite Clinic Tel: 416-537-9346** | | | | |
| Date of Birth \_\_\_\_­­­­\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  dd / mm / yyyy | | Date of Referral \_\_\_\_­­­­\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  dd / mm / yyyy | | |
| **Gender**  Woman □  Trans □  Men (15-24 **or** 50+) □ | **Age**  Youth (15-24) □  Older Adult (50+) □ | | **Specify Opiate Use**  Currently Using Opiates □  Currently on Opiate Replacement Therapy □  History of Opiate Use □ | |
| **Reason for Referral** | | | | |
| **Client Information**  Name  Best way to contact  Message Ok? Yes □ No □  Indigenous? Yes □ No □ | | **Referrer Information**  Name  Contact number  Agency | | |

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| Client consents to referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_­­­­\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  Signature\_---------------------------------------\_\_\_\_\_\_\_\_\_\_\_\_a\_\_\_dd\_\_\_/\_\_\_mm\_\_/\_\_\_\_\_yy\_\_\_\_    **HOW TO REFER**  Call one of TOST’s Addiction Therapists: Gordon 416-910-5039 (50+), Lindsay 416-910-7882 (women/trans), Meredith 416-910-7908 (youth 15 – 24) **OR** fax this form to 416-537-2598 |