



# REFERRAL FORM

## Urgent Service Access Team (USAT)

145 Queenston St., Suite 100  
St. Catharines, Ontario L2R 2Z9  
Phone: 905-688-2558 Ext. 301  
Fax: 905-688-4678

To: Urgent Service Access Team (USAT)  
Fax number: 905-688-4678

**Referring Agency:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_  
**Fax number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client name:** \_\_\_\_\_  
**Contact number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **PC:** \_\_\_\_\_  
**Date of birth (MM/DD/YYYY):** \_\_\_\_\_  
**Gender:** \_\_\_\_\_  
**Health Card #:** \_\_\_\_\_ **Exp:** \_\_\_\_\_

\*If client has No Fixed Address please indicate where we may look for client in community (e.g. name of shelter, WMS, safe beds, SMUN)

**1) Has client consented to / aware of referral:** YES  NO

**2) Reason for referral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3) Drug history (Opioids/Current use):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4) Opioid Replacement Therapy (Methadone/Suboxone):** YES  NO

**5) How often do they present to Emergency Room:**

Number of Visits (within the last year): \_\_\_\_\_ N/A

**6) Safety Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7) Organizations known to be involved with client:**

\_\_\_\_\_  
\_\_\_\_\_

\*Please note: USAT is not a pain management clinic nor do we prescribe controlled substances. We are an intensive short term service to connect clients to long term primary health care, methadone services, addiction services and other community services as appropriate. USAT is a mobile outreach team consisting of a: Nurse Practitioner, Registered Practical Nurse, Social Workers, and Client Coordinator.