



Safer Supply: Assessment Referral Form

This form can be completed as a self referral or by a referring agency. Please send completed form to Astephenson@nechc.com or fax to 902-422-0859.

Name:	Phone Number:
Birthdate:	
Current Address:	Family Doctor:
Income Assistance: Y N	IA Worker:
Intensive Case Manager/Housing Support Worker:	Other Support:

Referral Source:	Phone Number:
Email:	Do you support this person on a regular basis?

Opioid/Substance Use History:

Type of opioid consumed (i.e. hydromorphone, kadian, fentanyl etc.)?
Route of opioid administration (IV, nasal, oral, other)?
Average amount of opioid consumed daily (as specific as possible):
Pattern of Consumption (For example, daily, every two days, binge, steadily throughout the day):
How long have you been using opioids daily (if applicable)?

<p>Longest period of abstinence? When?</p> <p>Have you ever been prescribed Opioid Agonist Treatment (OAT) like Methadone, Suboxone or oral Kadian/Morphine? Yes No</p> <p>If yes, which medications, when, and with which clinic/doctor?</p>		
<p>Have you experienced any non-fatal overdoses? How often?</p>		
<p>Have you experienced any medical problems due to opioid use? Yes No</p> <p>If yes, what type?</p>		
<p>Have you experienced any legal problems due to opioid use? Yes No</p> <p>If yes, please describe?</p>		
<p>Have you needed to participate in survival sex work due to opioid use? Yes No</p>		
<p>Other Substance Use: Please list other substance use: (Indicate amount and frequency)</p>		

Housing History

<p>Are you currently experiencing homelessness?</p> <p>Y N</p> <p>If yes, how long have you been experiencing homelessness for?</p> <p>If no, have you experienced homelessness in the past?</p> <p>Y N</p> <p>If yes, when and how long did you experience homelessness for?</p>	
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Emergency Service Usage

Over the last month have you interacted with:

- Ambulance
- Police
- Emergency Department
- Mobile Mental Health Crisis

Do you currently have any conditions of parole that require you to abstain from opioids?

Y N

Other Notes:

Client signature: _____

Date: _____