Initial Visit Template

{@Patient.Home.Clinic.Name}

{@Patient.Home.Clinic.Address}

{@Patient.Home.Clinic.Phone}

{@Date.Long}

Dear Dr.{@Patient.ReferringPhysician.Name},

Your patient, \_ {@Patient.Full.Name}\_ was seen today by {@User.FullName} at the St. Joseph's Rapid Access Addiction Medicine (RAAM) clinic.

This patient meets the DSM 5 criteria for mild/moderate/severe Alcohol Use Disorder (AUD)/Opioid Use Disorder (OUD) and will be attending our clinic for the initiation of medication-assisted treatment. Once stabilized on an adequate dose of the appropriate prescription, they will be returned to your care for on-going management.

They have been started today on the following medication(s):

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

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

We suggest the website www.metaphi.ca which contains helpful information, guidelines and resources for the primary care of patients with AUD and OUD.

You will receive a follow-up letter in 2-3 months notifying you when this patient is ready to return to your care for this diagnosis.

Please do not hesitate to contact us should you have any questions or concerns.

Sincerely,

\_\_ {@User.Signature}\_\_\_\_, MD