

ED Discharge Referral to RAAM

PATIENT DEMOGRAPHIC INFORMATION	
Name	
Health Care #	
DOB	
Phone Number	
Address	
Family Provider	
<input type="checkbox"/> Client Consent to Referral (please check to confirm)	

This patient was seen on (date) _____ for the following substance related concerns:

- opioid withdrawal
- opioid overdose
- alcohol withdrawal
- other _____

Medications given in the ED:

The patient has been discharged with the following medications:
 Naloxone Kit

The patient is being discharged with prescriptions for:

- Buprenorphine _____ (dose) observed daily. Prescription end date: _____
- Buprenorphine 2mg tabs (quantity) for home start
- Buprenorphine blister pack for microdosing
- Diazepam taper for alcohol withdrawal
- Lorazepam taper for alcohol withdrawal
- Gabapentin 400mg TID for alcohol withdrawal symptoms x 7 days
- Naltrexone 25mg once daily for 3 days, then 50mg once daily x 30 days
- Acamprosate 333mg 2 tablets TID x 30 days
- Thiamine 100mg po OD x 1 week
- Other:

Additional comments (e.g., complications such as delirium tremens, seizures)

Referrals Placed: _____

RAAM/Outpatient addictions: _____

Other: _____

1. Fax a copy to RAAM/community clinic 2. Give patient a copy along with RAAM/clinic contact information

