



**London Health  
Sciences Centre**

**Adult Mental Health**

**REQUEST FOR ADDICTION  
TRANSITION CASE MANAGEMENT  
(ATCM) SERVICES**

PLEASE ENSURE THAT THE ADDRESSOGRAPH IS STAMPED AND CLEAR.

☐ **VERBAL CONSENT HAS BEEN OBTAINED** (please obtain before submitting referral)

Patient Name: \_\_\_\_\_  
(PLEASE PRINT)

Diagnosis and/or Substance(s) of Concern: \_\_\_\_\_

Preferred Current Contact Information: \_\_\_\_\_ OK to leave message? ☐ Yes ☐ No

**REFERRAL SOURCE:** ☐ **Victoria Hospital (VH)** ☐ **University Hospital (UH)** ☐ **Stabilization Space\*\***

☐ CEPS ☐ Emergency Department ☐ Adult Inpatient Mental Health Service

☐ Child and Adolescent Inpatient Mental Health Service ☐ Consult Liaison Service

☐ CCAC Mental Health and Addictions Nurse via the Child and Adolescent Inpatient Program

Other LHSC ☐ Inpatient OR ☐ Outpatient Services: \_\_\_\_\_

*\*\* If you are making a referral from the Stabilization Space, please include the client's date of birth, telephone number and address in this referral form.*

**DISCHARGE STATUS:**

☐ Will be discharged within 48 hours or less. ☐ Will be discharged within 2+ days or longer

☐ Already discharged. Would benefit from supports.

**REASON FOR REFERRAL:** ( ☒ SELECT ALL THAT APPLY)

☐ Substance Use ☐ Problem Gambling ☐ Problem Gaming

☐ Concurrent Disorder (addiction and mental health concerns) ☐ Housing Needs

☐ Withdrawal Management ☐ Referral to Addiction Treatment ☐ Support for Families

☐ Addiction-Related Crisis Support ☐ Need for Harm Reduction and/or Substitution Therapy

☐ Other: \_\_\_\_\_

**OTHER RELEVANT INFORMATION REGARDING THE REFERRAL:** \_\_\_\_\_

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

**REFERRAL COMPLETED BY:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Information: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENDING PHYSICIAN:**

Printed Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

If you would like to receive a summary report, please include your fax or inter-office mail details.

Yes, please ☐ Fax or ☐ Mail a report to: \_\_\_\_\_

Office Use:

Assigned to: \_\_\_\_\_ Date M/D/Y: \_\_\_\_\_