



OVERDOSE OUTREACH REFERRAL FORM (SFD)

PHONE: 639-471-8335

FAX: 306-655-4933

EMAIL: OOTSaskatoon@saskhealthauthority.ca

Referral Source

☐ Saskatoon Emergency Department

SCRIPT:

I'm really concerned about you and the potential of another overdose. I'd like for you to consider my sending a referral for you to the Overdose Outreach Team, so that they can connect with you and provide you with support/assistance for the short term in order to prevent another overdose in the future.

Do I have your consent to provide your name and contact information to the Overdose Outreach Team so that they can follow up with you?

☐ CONSENT (Verbal is acceptable)

NAME OF CLIENT:	HEALTH SERVICES NUMBER:	DATE OF BIRTH: YYYY MM DD
CLIENT'S ADDRESS: <input type="checkbox"/> NO FIXED ADDRESS		POSTAL CODE:
TELEPHONE (HOME): Home: Cell:	ALTERNATE CONTACT INFORMATION:	CAN A PHONE MESSAGE BE LEFT? <input type="checkbox"/> YES <input type="checkbox"/> NO

DATE OF REFERRAL:	YYYY MM DD	LOCATION OF OVERDOSE	
DATE OF OVERDOSE:	YYYY MM DD		
Other Information that may assist with locating and/or supporting this individual		Name and contact of person referring	