

## Physician Referral Form

### Referral destination

Dr Bazza, MD, CCFP - Family Physician (Focused Practice)

Consultation and stabilization in complex care: mental health, addiction, chronic pain, and medication complexity.

Clinic / Program fax

Date sent

Referring clinician / clinic

Referral contact phone / fax

### 1. Patient Information

Patient name

PHN / ULI

DOB

Patient phone

Current pharmacy

Current primary prescriber

### 2. Reason for Referral

Opioid complexity

Benzodiazepine / Z-drug

OAT / addiction

Chronic pain / fibromyalgia

Mental health complexity

Functional / somatic disorder

Polypharmacy / co-sedation

Disability function support

Other

Specific referral question / requested assistance

### 3. Requested Service Type

Advice only

Temporary stabilization

Assistance with taper

OAT initiation / optimization

Medication safety review

Shared-care plan

### 4. Key Risk Concerns

Early refill requests

Sedation / cognitive impairment

Falls / driving concern

Dose escalation

Substance use concern

Overdose risk

Lost / stolen medications

Multiple prescribers/pharmacies

None known

Brief clinical summary and risk context

## Referral Details and Attachments

### 5. Current Medication Information

Current medications relevant to referral (or attach medication list)

Last opioid/benzo/z-drug prescription date, if relevant

Current dispense pattern, if known

### 6. Function-Focused Referral Information

What is the patient unable to do now that they want to be able to do?

Work/productivity impaired

ADLs impaired

Sleep impaired

Physical function impaired

Social/relationship function impaired

Disability forms/support needed

### 7. Relevant History / Investigations

Pertinent diagnoses, previous treatments, investigations, or barriers to care

### 8. Attachments Requested

Medication list

Recent labs

Relevant imaging/reports

Problem list / PMH

Prior consultant notes

UDS/PMP/TPP info if available

### 9. Urgency / Safety

Routine

Semi-urgent

High safety concern - please specify

Urgency explanation / immediate safety concerns

### 10. Referral Acknowledgement

I understand this is a consultation and time-limited stabilization service. Referral does not imply automatic prescribing takeover, automatic continuation of controlled medications, or replacement of ongoing primary care. Urgent or emergent concerns should be directed to ED/urgent services.

Referring clinician signature

Date