

When you make a formal referral to any addiction program, please enclose the "Authorization to Exchange Information" form, all pertinent information including assessment or screening tools completed (GAIN, DEBA-Jeu, DAST, AUDIT, CAGE, CUAD, etc.) and the reason for the referral. For more information, please contact our offices: Montreal 514-486-1304, Montérégie 450-659-8911 or toll free 1-866-851-2255.

Date: \_\_\_\_\_  
(yyyy-mm-dd)

Program referred to:

- Adult - AOD
- Gambling
- Youth – Gambling
- Youth - AOD
- Cyber-dependence

**Client Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth (yyyy-mm-dd): \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Expiration (yyyy-mm): \_\_\_\_\_

Gender:  Male  Female

Age: \_\_\_\_\_

At which number can we leave a message?

Telephone – Home: \_\_\_\_\_

Telephone – Work: \_\_\_\_\_

Telephone – Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

---

**Referral Source Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Organisation : \_\_\_\_\_

Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Authorisation to Exchange Information:**

I authorize the referring professional to transmit to the Mental Health and Addiction Program of the CISSSMO this referral form and any completed screening tools.

I authorize, \_\_\_\_\_, to exchange information with the counsellor regarding this referral and its follow-up.

**This authorization is valid for 90 days.**

I am aware that I can modify or revoke this authorization at any time.

\_\_\_\_\_  
Client or Legal Representative Signature

\_\_\_\_\_  
Date (yyyy-mm-dd)

\_\_\_\_\_  
Referring Professional Signature

\_\_\_\_\_  
Date (yyyy-mm-dd)

**Please send the completed form by fax to the point of service indicated.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Montréal : 514-486-2831          | <input type="checkbox"/> St-Philippe* : 450-659-7173  | <input type="checkbox"/> St-Hubert : 450-443-4196  |
| <input type="checkbox"/> Châteauguay : 450-691-6202       | <input type="checkbox"/> Cowansville : 450-266-5872   | <input type="checkbox"/> Huntingdon : 450-264-6801 |
| <input type="checkbox"/> Kirkland : 514-486-2831          | <input type="checkbox"/> Pointe-Claire : 514-630-5184 | <input type="checkbox"/> Vaudreuil : 450-455-8162  |
| <input type="checkbox"/> CLSC Lac-St-Louis : 514-697-4117 |   |  |

*\*Please note that St-Philippe is our In-patient point of service*