



Substance Use during Pregnancy (SUPport) Clinic Referral Form

Patient referrals are not required, but are appreciated. We will use this referral form to help us follow up with people who want care in our clinic. If you are a provider who would like to refer a patient, or if you are someone who wants care in the clinic for yourself, please fill out the form below.

Referral form can be faxed to **416-586-5109**.

Name: _____ **Pronouns:** _____ **Date of Birth:** _____

Telephone Number: _____ **Consent to voicemail:** [] Yes [] No

Email address: _____

Is a translator needed? [] Yes [] No **If yes, specify language:** _____

Any other relevant information:

Referral completed by: _____ **Date of Referral:** _____

Family Physician/Other Care (if involved): _____

Location

Ontario Power Generation Building
700 University Ave
Third floor (General Obstetrics C - to the right of elevators)

Time

Tuesdays 1:00 PM - 3:00 PM

Contact

Fax: 416-586-5109
Email: supp.clinic@sinaihealth.ca (general enquiries)