



Complete this referral form and fax, mail or visit any of our locations. Please refer to contact information located at the bottom of this page or click here to open our contact page. You may wish to self refer to our clinic or have another health care professional refer you. In case of self referral please leave referring physician information blank.

### REFERRAL FORM

TO: (Please select one)

Date

Referral Reason (Please select One)

- Opioid Use Disorder
- Chronic Pain
- Opioid Use Disorder and Chronic Pain

Referring Physician Information

Name:		Prac ID:
Address:		City/Province:
Email Address:		Postal Code:
Phone #:	Fax #:	

Patient Information

Last name:	First name:
AB Health Care Number:	Out of Province Health Care:
Address:	City/Province:
Phone #:	Postal Code:
Opiate and Substance use history/Chronic pain history and previous treatment history	
Medication	

**ACT Medical Grande Prairie**  
 10405 102 Street, Grande Prairie  
 Ph: (587) 259-2681 | F: (587)259-1248



**ACT Medical Medicine Hat**  
 402 Maple Ave, Medicine Hat  
 Ph: (403)504-1874 | F: (403)504-5038

**ACT Medical Marlborough**  
 Bay 8, 4527 8 AVE SE, Calgary  
 Ph: (403) 232-6990 | F: (403)232-6992

**ACT Medical Calgary Downtown**  
 1410 11 Ave SW, Calgary  
 Ph: (403) 232-6990 | F: (403)232-6992

**ACT Medical Lethbridge**  
 528 6 Street South, Lethbridge  
 Ph: (403)942-3003 | F: (403)942-4848