



**Oxford House Society of Regina
Pre-Admissions Referral Form
For Use by Referral Agencies**

Date: _____, 201 ____

Agency Name Referral: _____ Counsellor (please print): _____

Agency Phone: _____ Counsellor Signature: _____

The following information provided by the participating referral agency on behalf of the applicant will be treated as confidential by Oxford House Society of Regina (OHSR) personnel.

A. General Information: Last Name: _____ First Name: _____

Current Address: _____ City/Town: _____ Province: _____

Residence Phone: _____ Work Phone: _____ Cell: _____

Homeless? ___ Yes ___ No **OR** At risk of homelessness? ___ Yes ___ No

Special needs/difficulties? (Circle as required.) Reading; learning; physical limitations; other - _____

B. Addictions Information:

Main addiction: _____ Others: _____

C. Treatment/Medications:

1. Dates of addiction treatment plan (MM/DD/YR): ____/____/201__ to ____/____/201__

2. Completed Treatment? Yes ___ No ___ **OR** Still in treatment? ____% complete

3. Current Medications: _____

D. Statement of support for applicant:

Please Note: A. Methadone is on OHSR Prohibited Drug List. No exceptions.

B. Incomplete applications may result in delays. Remit this Referral with Application.

Please forward to: Fax: 1 (866) 725-8008 **OR** Email: OW1@oxfordhousesk.ca

Outreach Worker – Cell (306) 570-5709

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