

.MATintake

Current use:

Description of cravings:

Overdoses in last 6mo:

Hx of overdose greater than 6mo:

Mental Health Dx:

Tx Hx and dates:

Date of last HCV and result:

STG:

LTG:

BHIntake:

Pt seen for initial BH intake for consideration of MAT program. PHQ today _____. Pt reports _____ yr Hx of use, {confirms|denies} history of overdose in the last 6mo. {Confirms|Denies} hospitalization in the last 6 months related to substance use. {Confirms|Denies} incarceration in the last 6 months related to substance use.

Pt {reports|denies} hx of mental illness, {reports|denies} hx of hospitalization for mental illness. (If reports mental illness) Diagnoses as assessed historically by: _____. Pt reports hx of treatment for mental illness including {medication|counseling|medication and counseling}. Medication Hx: _____. Counseling Hx _____.

Based on today's assessment, discussed diagnoses of _____.

Pt {reports|denies} Hx of buprenorphine use, either illicit or prescribed. (If reports prior use) Pt reports Sx alleviation on _____ mg buprenorphine, prescribed by _____.

Based on today's assessment, Pt appears appropriate for Chemical Dependency Program at ASAM Level 1 Outpatient Care.