

**Name/Practice Name**

Call Date \_\_\_\_\_

Call Time \_\_\_\_\_

**PRETREATMENT SCREENING**

**Completed prior to call**  
Name \_\_\_\_\_  
Phone no. \_\_\_\_\_ Best time to contact \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex ( ) M ( ) F

Insurance co. \_\_\_\_\_ Insurance member # \_\_\_\_\_

Do you plan to submit a claim? ( ) Yes ( ) No

**Reason for seeking treatment**

Substance \_\_\_\_\_ How long using? \_\_\_\_\_

How much? \_\_\_\_\_ How often? \_\_\_\_\_

Has your drug use ever resulted in medical or legal problems? ( ) N \_\_\_\_\_

Have you ever been treated for substance dependence or misuse (eg, detoxification program)? ( ) N

(Please describe setting, length) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever tried to quit on your own? ( ) N (Please describe) \_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated by a psychiatrist? ( ) N (Please describe treatment reason, setting, and length)

\_\_\_\_\_  
\_\_\_\_\_

Does anyone in your family (mother, father, brother/sister, child, aunt/uncle or grandparent) have a history of substance abuse? ( ) N \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical conditions (diabetes, HIV+, epilepsy, STDs)? ( ) N \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications to treat these conditions? ( ) N (List medication and dosage)  
\_\_\_\_\_  
\_\_\_\_\_

Are you pregnant? ( ) N/A ( ) N ( ) Y ( ) Not Sure

Are there any current legal issues we should be aware of (probation, parole)? ( ) N \_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? ( ) N ( ) Y How many hours/week (avg.)? \_\_\_\_\_

Please describe your current living arrangements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Interviewer Signature Date: \_\_\_\_\_

## Office Assessment

Patient accepted for treatment ( ) N ( ) Y

### If “no”

Describe why: \_\_\_\_\_  
\_\_\_\_\_

Alternate treatment recommendations:

( ) NA ( ) AA ( ) OTP ( ) Other (list below):  
\_\_\_\_\_

Patient was called to discuss the above: \_\_\_\_\_ Date \_\_\_\_\_ Caller Initials

### If “yes”

Patient was called to schedule 1st visit: \_\_\_\_\_ Date \_\_\_\_\_ Caller Initials

1st visit requirements discussed with patient:

- \_\_\_ Arrive with full bladder (urine drug screening will be performed)
- \_\_\_ Arrive experiencing mild to moderate opioid withdrawal symptoms (average abstinence periods: methadone or long-acting pain killers: 24 hrs; heroin or short-acting pain killers: 4 to 6 hrs)
- \_\_\_ Bring ALL medication bottles
- \_\_\_ Bring completed Pretreatment Paperwork or come 30 minutes early
- \_\_\_ Payment will be required in advance

Pretreatment Paperwork explained to patient: \_\_\_\_\_ Caller Initials

Pretreatment Paperwork mailed or given to patient: \_\_\_\_\_ Date \_\_\_\_\_ Caller Initials