



Patient Sticker

**MAT Program
Case Conference Client Review**

Client MR#	
Date:	
Case Presenter:	

Referral/MAT Med.:

Date of referral:	
Referral source:	
Presenting Problem:	
MAT medication requested:	

Demographics:

Age:	
Race/Ethnicity/gender:	
Religion:	
Sexual orientation:	
Employment:	
Education:	
Relationship status:	
# of Children (age):	
Current living situation:	
Social support:	
Primary Care Provider:	<input type="checkbox"/> FHCS D <input type="checkbox"/> Provider Name:

Physical Health:

Medical Diagnosis:	<input type="checkbox"/> Diagnosi(e)s:
Pain condition:	
Allergies:	
HIV/HepC tested:	

Hx: Presenting problem, Substance Use, and Treatment:

Substance Use Hx	
Hx of presenting problem:	
Drug(s) of Choice:	
Last 30 days of use:	
Hx SUD/ODU treatment:	



FAMILY HEALTH CENTERS
OF SAN DIEGO

Patient Sticker

Hx of MAT treatment:	
a. Suboxone use:	
b. Methadone use:	
c. Alcohol use:	
Did patient use opioids on top of Suboxone/Methadone:	
Hx of unintentional overdose:	
Hx of intentional overdose:	

Tobacco/Nicotine Hx:

Have you ever used Tobacco/Nicotine products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Smoker Status	<input checked="" type="checkbox"/> Current Every Day Smoker <input type="checkbox"/> Former Smoker <input type="checkbox"/> Current Some Day Smoker
At what age did you first use tobacco/nicotine products?	
In the past 30 days, how many cigarettes did you smoke per week?(20 cigarettes = 1 pack)	

Mental Health:

Mental Health Diagnosis:	<input type="checkbox"/> Diagnosi(e)s: Concerns:
Hx of Counseling/Therapy:	
Hx of SI/SA:	

Medications:

Type/Dosage:	
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MAT Screenings:

PHQ9/AUDIT/ASAM scores:	PHQ9= , AUDIT=, ASAM LOC=
Stage of Change:	

Comments/Observations/Hx Incarcerations:

Comments:	
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MAT Case Conference Outcome

Outcome:	
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