



Organization Contact Person: _____

Program: _____

Telephone: _____

Fax: _____

Patient details (completed by organization staff)

Name of pt: _____

Date of birth: _____

Admission date to program: _____

Does patient have any one of the following?

- Opioid Use Disorder Alcohol Use Other _____ N/A

Does organization recommend the Medication-Assisted Treatment for this pt?

- No Vivitrol Buprenorphine

Reason for today's visit:

- Routine medical clearance (including H&P and labs)
 MAT TB TEST OTHER: _____
 Evaluation/ Follow up of medical issues: _____
 Referral (dental, optometry etc) _____

Please list any current medications (attach medication sheet if needed)

Please check if completed at VFC appointment (completed by provider or coordinator).

<input type="checkbox"/> TB Test placed today
<input type="checkbox"/> Read TB test by _____
<input type="checkbox"/> Physical Exam completed
<input type="checkbox"/> Labs drawn
<input type="checkbox"/> Meds dispensed at VFC
<input type="checkbox"/> Rx given to pt
<input type="checkbox"/>

A summary of today's visit will be indicated in the patient plan in which the patient will receive when they see a discharge coordinator at VFC.

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