

Medically Assisted Treatment Application

Name: _____

Date: _____

Substance of choice: _____

Substance History: Include all substances even alcohol use

Substance	Date Started	Amount used daily	Method of use	Date last use
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Inpatient Treatment: Include mental health as well as substance use rehab

Name of facility	Address	Dates	Diagnosis
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Out Patient Treatment: Include mental health as well as substance use

Name of Facility	Address	Dates	Diagnosis
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_____	_____	_____	_____
_____	_____	_____	_____

How many life time overdoses: _____ Was Narcan used? _____

Annual income: _____

List any assistance you receive: SNAP WIC etc.

If reporting no income, how do you pay your living expenses?

Are you employed? Y N If not employed, do you wish to be employed? Y N Wh

What keeps you from being employed? _____

Are you involved with the court system? Y N Who do you report to? _____

Are you involved with CPS? Y N Who is your case worker? _____

What is the highest grade you completed in school? _____ Do you wish to go back to school? _____

What medications are you currently taking?

Medication	Dose	taking for what reason	Prescribing Doctor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently in a pain management program? Y N Name of Doctor: _____

Have you ever participated in a Methadone or Suboxone program? Y N

Name of Doctor	Dates enrolled	Did you complete the program?	
		Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Who is in your support group?

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why are you seeking medically assisted treatment at this time?

