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|  | Original Date:Completed by: |  |
| Dates Revised: |  |
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| Request for Medication-assisted Treatment  |
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| Patient information  |

 |
| Name  |  |  | DOB: |  | Gender: 🞎Male 🞎Female 🞎 Transgender |
| Address:  |  | **Phone:**  |
| Emergency Contact Name:  |   | **Phone:**  |
| Referral Contact:  |  | Medical Record Number: |  |
| Benefits eligibility  |
| 🞎 Medi-cal, Status:\_\_\_\_\_\_ 🞎 presumptive medi-cal 🞎 MHLA 🞎 Medicare 🞎ab109 🞎 Private insurance 🞎 Private pay 🞎 other: (Attach verification and copy of card and ID)  |
| HEALTH HISTORY and Medical screening |
|  |
| Vitals:  | Height:  | Weight:  | Blood pressure: | Pulse: |
| Lab | 🞎 CBC |  | 🞎 Liver Function, if indicated by patient history |  |
| 🞎 U/A  |  | Results:  |  |
| 🞎 Other  |  | Explain: |  |
| List any medical conditions reported: |
|  |
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|  |
| ADDICTIVE AND SUBSTANCE-RELATED CONDITIONS |
| ASAM Dimensions | Criterion  | Risk Rating  |
| DIM 1 | Substance Use, Acute Intoxication, Withdrawal Potential  | 🞎 Mild 🞎 Moderate 🞎 Severe |
| DIM 2 | Biomedical Conditions and or Complications  | 🞎 Mild 🞎 Moderate 🞎 Severe |
| DIM 3 | Emotional, Behavioral, or Cognitive Conditions or Complications  | 🞎 Mild 🞎 Moderate 🞎 Severe |
| DIM 4 | Readiness to Change  | 🞎 Mild 🞎 Moderate 🞎 Severe |
| DIM 5 | Relapse, Continued Use or Continued Problem Potential  | 🞎 Mild 🞎 Moderate 🞎 Severe |
| Summary: **Date of Last Use:** **Substance(s) Used:** 🞎 Alcohol 🞎Heroin 🞎 Opioid Pain Medication 🞎 Benzodiazepines 🞎 Methamphetamine 🞎 Stimulants 🞎Cocaine/Crack 🞎Marijuana 🞎 Hallucinogens 🞎 Inhalants 🞎 Other  |
| **Additional Screenings:**  | 🞎 Urge to Drink | Score:  |
|  | 🞎 Urge to Use  | Score: |

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| TARZANA TREATMENT CENTERS PROVIDER INFORMATION  |
| Provider NPI Number:  | 1427043389 | Site Location:  |
| Rendering Provider Number: |  | Rendering Provider Name:  |
| **SERVICE INFORMATION FOR TREATMENT AUTHORIZATION** |
| Service Code: | J2315 | Service Description: INJECTABLE NALTREXONE |
| Quantity:  | 2280mg/ 6 months  |  |
| Frequency:  | 380mg / month  |  |
| Anticipated length of Need:  | 6 months |  |
| Diagnosis:  | 🞎 F10.229 Alcohol Use Disorder 🞎 F11.299 Opioid Use Disorder  |  |
| Submitted to MAT Central for TAR | Submission Date:  |  |
| Status of TAR  | 🞎 Approval Date: | 🞎 Denial Date:  | Appealed: 🞎 Yes, Date:🞎 No | Appeal Approval Date: |