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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | Original Date: Completed by: | | | | |  | | | |
| Dates Revised: | | | | |  | | | |
|  | | | | | | | |  | | | | | | | | |
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|  | | | | | | | | |
| Request forMedication-assisted Treatment | | | | | | | | | | | | | | | | |
| |  | | --- | | 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: |