

North Charles Institute for the Addictions
SCREENING EXAM FOR ADMISSION

Applicant Name: _____ **DOB:** _____ **Date:** _____

Practitioner Name/Credentials: _____ **Signature:** _____

A Practitioner is a health care professional (MD, PA, APRN) licensed by the State of MA to prescribe and/or dispense medications for the treatment of Opioid Use Disorder. Applicant must be seen by a Practitioner before initiating MOUD.

Practitioner Affiliation (Hospital/Agency) if not an NCIA Practitioner: _____

If this Screening Exam is conducted by a non-OTP Practitioner, it must take place in person, be completed no more than 7 days prior to the OTP admission, and this form containing written results and narrative, as well as any available lab testing results, must be faxed to NC for review by the Medical Director or other NC Practitioner prior to admission.

Results

Applicant meets diagnostic criteria for moderate to severe Opioid Use Disorder (OUD). Specify one of the following: Active in Remission or At High Risk for Recurrence or Overdose

Practitioner has screened applicant for the following Specific Risk Areas:

- No allergy to methadone Cardiac and/or respiratory issues
- Medication list reviewed to rule out potential drug-drug interactions (e.g., QTc prolongation)
- Recent overdose history Recent history of suicidality and/or aggression
- Other substance use (e.g., alcohol, sedatives, cocaine/methamphetamine)
- Applicant is woman of child-bearing age, pregnancy test conducted, and result provided to applicant

Applicant meets treatment eligibility based on presenting problem(s) and is suitable for OTP treatment utilizing methadone medication. Specify if applicant is: Pregnant; Released from a correctional facility in the past 6 months; Discharged from an OTP in the past 2 years.

Narrative (please expand on any of the Specific Risk Areas noted above) _____

If completed by a non-OTP Practitioner, this Screening Exam and any available lab testing results conducted within the past 30 days have been reviewed by the following OTP Practitioner on this date: _____

Practitioner Name/Credentials: _____ **Signature:** _____