

**REFERRAL FOR:**  OTP (DISPENSARY)  OFFICE-BASED (OUTPATIENT)

Please complete this form, attach the required documents and send by secure email to [admissions@codainc.org](mailto:admissions@codainc.org)

## PATIENT INFORMATION

NAME \_\_\_\_\_  
INSURANCE \_\_\_\_\_  
PHONE \_\_\_\_\_ DOB \_\_\_\_\_  
SS# \_\_\_\_\_  
ADDRESS \_\_\_\_\_

### Primary Care Provider

NAME \_\_\_\_\_  
PHONE \_\_\_\_\_

## REQUIRED INFORMATION

### Referring Facility/Organization

NAME \_\_\_\_\_  
PHONE \_\_\_\_\_  
FAX \_\_\_\_\_

### Referring Contact Person

NAME \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
EMAIL \_\_\_\_\_

### Requested Medication

METHADONE  NALTREXONE (VIVITROL®)  
 BUPRENORPHINE (SUBOXONE®)

### Has the patient started taking desired medication?

YES  NO DOSE MG PER DAY: \_\_\_\_\_

### If benzodiazepine use is indicated/co-prescribed, has patient been informed that a taper will be part of their treatment plan at CODA?

YES  NO KNOWN BENZODIAZEPINE USE  
 NO

### Is there co-occurring Alcohol Use Disorder?

YES  
 NO

### Include the following records/documents:

ROI  
 MEDICATION LIST/MAR

### If requesting Outpatient treatment, please indicate location:

CLACKAMAS  HILLSBORO  
 GRESHAM  TIGARD

\*Dispensary is located at NE 11th and Couch

## ADDITIONAL REQUIRED INFORMATION - FROM INPATIENT PROVIDERS

PROJECTED DISCHARGE DATE \_\_\_\_\_

### Will the patient receive a single, daily dose on this date?

YES  NO

### Can patient perform Activities of Daily Living (ADLs): independently ambulate, toilet, and otherwise engage in services at the clinic?

YES  NO

### Include the following records:

H&P  
 BH ASSESSMENT TO INCLUDE SUD HISTORY  
 EKG RESULTS, IF AVAILABLE  
 PPD RESULTS, IF AVAILABLE

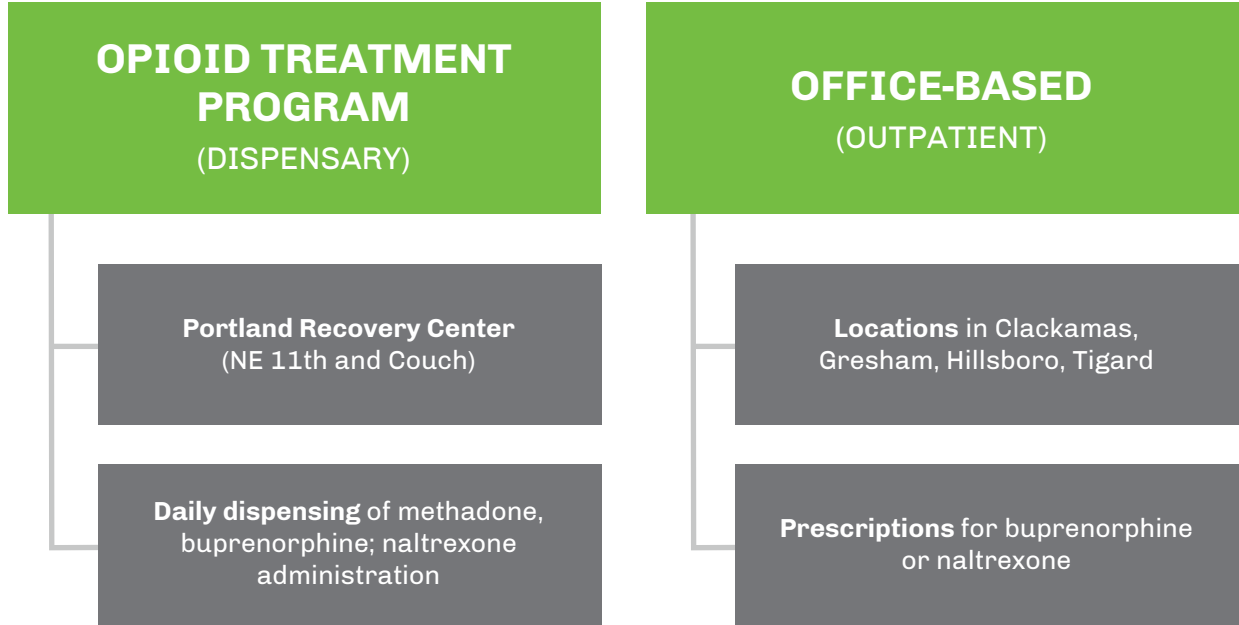
**Note:** Medication list must confirm no co-prescribing of sedative/hypnotics or full opioid agonists at discharge.

## PROCEDURE

### Appointments can be made one of two ways:

1. Contact the Call Center (1-855-733-2632) for scheduling, and then submit this referral form – OR –
2. Submit this referral form via [admissions@codainc.org](mailto:admissions@codainc.org). A member of our Call Center will contact the referent for scheduling purposes. Referrals are processed within 1 business days of receipt.

Please note, a confirmed appointment does not guarantee admission. CODA reserves the right to perform behavioral and medical assessments for each patient and determine treatment based on those assessments.



Setting	Opioid Treatment Program (Dispensary)	Office-based (Outpatient)
<b>Key Components</b>	Daily dispensing of medications by nursing staff Scheduled & walk-in services available	Medication by prescription Scheduled services
<b>Medications Available</b>	Methadone Buprenorphine (Suboxone®) Naltrexone (Vivitrol®)	Buprenorphine (Suboxone®) Naltrexone (Vivitrol®)
<b>Recommended For</b>	Needing daily contact or monitoring Houseless Less/no recovery support	Ability to attend scheduled appointments and self-manage medications between visits More peer or family recovery support
<b>Services Offered</b>	Medication management for SUD treatment Individual and group counseling Case management Acupuncture (OTP only)	