

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

Please complete this form, attach the required documents and send by secure email to admissions@codainc.org

PATIENT INFORMATION

NAME _____
 GENDER M F Other: _____
 PHONE _____ DOB _____
 SS# _____
 ADDRESS _____

INSURANCE _____
 Primary Care Provider
 NAME _____
 PHONE _____

REQUIRED INFORMATION

Referring Facility/Organization

NAME _____
 PHONE _____
 FAX _____

Requested Medication

METHADONE NALTREXONE (VIVITROL®)
 BUPRENORPHINE (SUBOXONE®)

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

Include the following records/documents:

ROI
 MEDICATION LIST/MAR

Has the patient started taking desired medication?

YES NO DOSE MG PER DAY: _____

Referring Contact Person

NAME _____
 PHONE _____ FAX _____
 EMAIL _____

Is there co-occurring Alcohol Use Disorder?

YES
 NO

If requesting Outpatient treatment, please indicate location:

CLACKAMAS HILLSBORO
 TIGARD

If requesting Opiate Treatment Program, please indicate location:

PORTLAND SEASIDE

If requesting Residential treatment, please indicate location:

GRESHAM WOMEN'S GRESHAM MEN'S
 TIGARD MEN'S

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

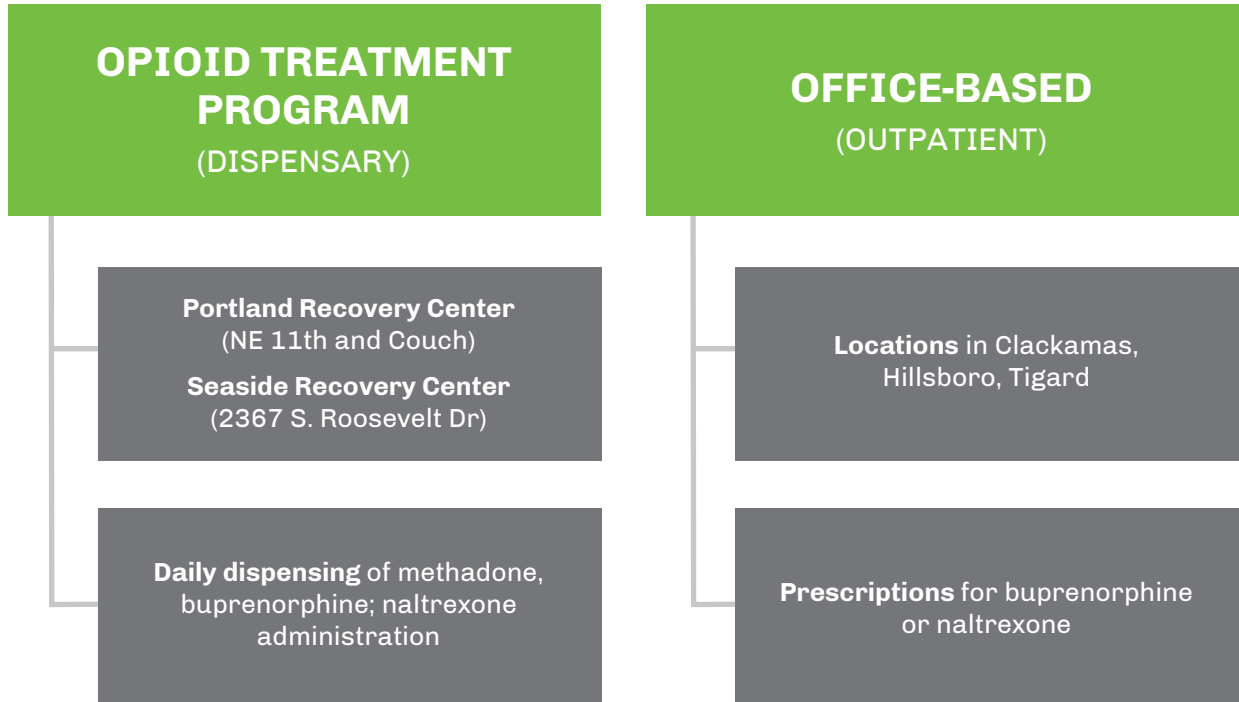
Note: Medication list must confirm no co-prescribing of sedative/hypnotics or full opioid agonists at discharge.

PROCEDURE

Appointments can be made one of two ways:

- Contact the Call Center (1-855-733-2632) for scheduling, and then submit this referral form – OR –
- Submit this referral form via 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)
Key Components	Daily dispensing of medications by nursing staff Scheduled & walk-in services available	Medication by prescription Scheduled services
Medications Available	Methadone Buprenorphine (Suboxone®) Naltrexone (Vivitrol®)	Buprenorphine (Suboxone®) Naltrexone (Vivitrol®)
Recommended For	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
Services Offered	Medication management for SUD treatment Individual and group counseling Case management Acupuncture (OTP in Portland only)	