

**METHADONE CLIENT UPDATE REPORT**

Provider Number \_\_\_\_\_ Program (PRU) Number \_\_\_\_\_ Client ID \_\_\_\_\_  
 Sex  Male  Female Birth Date \_\_\_/\_\_\_/\_\_\_ Last 4 SSN \_\_\_\_\_ Last Name First 2 Char \_\_\_\_  
 Date Update Due \_\_\_/\_\_\_/\_\_\_ Date Annual Status Completed \_\_\_/\_\_\_/\_\_\_

Zip Code of Residence \_\_\_\_\_ County of Residence \_\_\_\_\_

**Type of Residence:**

- |                                               |                                                      |                                                          |
|-----------------------------------------------|------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Private Residence    | <input type="checkbox"/> Single Resident Occupancy   | <input type="checkbox"/> Other Group Residential Setting |
| <input type="checkbox"/> Homeless, Shelter    | <input type="checkbox"/> CD Community Residence      | <input type="checkbox"/> Institution (Jail, Hospital)    |
| <input type="checkbox"/> Homeless, No Shelter | <input type="checkbox"/> MH/MRDD Community Residence | <input type="checkbox"/> Other                           |

**Living Arrangements:**

- Living Alone  Living w/ Non-Related Persons  Living with Spouse/Relatives

**Highest Grade Completed:**

- |                                       |                               |                                                            |                                                 |
|---------------------------------------|-------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> No education | <input type="checkbox"/> 6th  | <input type="checkbox"/> 11th                              | <input type="checkbox"/> Some College-No degree |
| <input type="checkbox"/> 1st          | <input type="checkbox"/> 7th  | <input type="checkbox"/> High School Diploma               | <input type="checkbox"/> Associates Degree      |
| <input type="checkbox"/> 2nd          | <input type="checkbox"/> 8th  | <input type="checkbox"/> General Equivalency Diploma (GED) | <input type="checkbox"/> Bachelors Degree       |
| <input type="checkbox"/> 3rd          | <input type="checkbox"/> 9th  | <input type="checkbox"/> Vocational Cert w/o Diploma/GED   | <input type="checkbox"/> Graduate Degree        |
| <input type="checkbox"/> 4th          | <input type="checkbox"/> 10th | <input type="checkbox"/> Vocational Cert w/Diploma/GED     |                                                 |
| <input type="checkbox"/> 5th          |                               |                                                            |                                                 |

**Employment Status:**

- |                                                         |                                                           |                                                             |
|---------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Employed Full Time-35+ hrs/wk  | <input type="checkbox"/> Unemployed, Not Looking for Work | <input type="checkbox"/> Not in Labor Force, Retired        |
| <input type="checkbox"/> Employed Part Time-<35 hrs/wk  | <input type="checkbox"/> Not Employed/Able to Work        | <input type="checkbox"/> Not in Labor Force, Student        |
| <input type="checkbox"/> Employed in Sheltered Workshop | <input type="checkbox"/> Not in Labor Force, Child Care   | <input type="checkbox"/> Not in Labor Force, Other          |
| <input type="checkbox"/> Unemployed, In Treatment       | <input type="checkbox"/> Not in Labor Force, Disabled     | <input type="checkbox"/> Social Services Work Exp Prog.     |
| <input type="checkbox"/> Unemployed, Looking for Work   | <input type="checkbox"/> Not in Labor Force, In Training  | <input type="checkbox"/> Unable to Work, Mandated Treatment |

**Primary Payment Source:**

- |                                                |                                                              |                                                           |
|------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> None                  | <input type="checkbox"/> Medicare                            | <input type="checkbox"/> Private Insurance – Managed Care |
| <input type="checkbox"/> Self-Pay              | <input type="checkbox"/> DSS Congregate Care                 | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Medicaid              | <input type="checkbox"/> CHAMPUS/CHAMPVA                     |                                                           |
| <input type="checkbox"/> Medicaid Managed Care | <input type="checkbox"/> Private Insurance – Fee for Service |                                                           |

**Current Criminal Justice Status:**

- None  Pre-Court Sentence (non ATI)  Pre-Court Sentence – ATI  Probation – non ATI  Probation – ATI  
 Other Alternative to Incarceration  Correctional-based Setting  Post Correctional Supervision

**For the Six-month Period Prior to Anniversary Date**

The number of times the client has been arrested: \_\_\_

The number of days the client has been incarcerated: \_\_\_

**Substance(s) used in the last 6 months listed by seriousness of abuse:** (Do not include substances used appropriately as prescribed)

- |                        |                                 |                    |                  |
|------------------------|---------------------------------|--------------------|------------------|
| None                   | Alprazolam (Xanax)              | Other Amphetamine  | Over-the-Counter |
| Alcohol                | Barbiturate                     | Other Stimulant    | Other            |
| Cocaine                | Benzodiazepine (e.g., Klonopin) | PCP                |                  |
| Crack                  | Catapres (Clonidine)            | Ecstasy            |                  |
| Marijuana/Hashish      | Other Sedative/Hypnotic         | Other Hallucinogen |                  |
| Heroin                 | Elavil                          | Ephedrine          |                  |
| Buprenorphine          | GHB                             | Inhalant           |                  |
| Non-Rx Methadone       | Khat                            | Ketamine           |                  |
| OxyContin              | Other Tranquilizer              | ROHYPNOL           |                  |
| Other Opiate/Synthetic | Methamphetamine                 | Viagra             |                  |

<p><b>Frequency of Use</b>                  No use in last 30 days                  1-3 times last 30 days                  1-2 times per week                  3-6 times per week                  Daily</p>
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Primary: \_\_\_\_\_ Frequency Last 30 Days: \_\_\_\_\_

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Secondary: \_\_\_\_\_ Frequency Last 30 Days: \_\_\_\_\_

Tertiary: \_\_\_\_\_ Frequency Last 30 Days: \_\_\_\_\_

Number of days the client was in drug and/or alcohol inpatient detox: \_\_\_ \_\_\_

Number of emergency room episodes for which the client received treatment: \_\_\_

Number of days the client has been hospitalized for non-detox services: \_\_\_ \_\_\_

If hospitalized, specify reason:

- Medical    Or    Both
- Psychiatric
  
- Not Applicable

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**Current Opiate Addiction Medicine:**

- Methadone
- Buprenorphine
- None

**Daily Dose:**        \_\_\_\_\_

**Current Pick-Up Schedule:**

- Daily
- 6 days per week
- 5 days per week
- 4 days per week
- 3 days per week
- 2 days per week
- Once per week
- Once every two weeks
- Once per month
- None

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**Current DSM IV or ICD 10 Diagnoses – Axis 1: Include all substance-related and diagnosed psychiatric conditions.**

**Diagnosis Type:**         ICD 10         DSM IV

1. \_\_\_\_\_ . \_\_\_\_\_    2. \_\_\_\_\_ . \_\_\_\_\_    3. \_\_\_\_\_ . \_\_\_\_\_    4. \_\_\_\_\_ . \_\_\_\_\_

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**Current Health Status:**

**Tuberculosis Symptomatic:**

- Yes         No

**Hepatitis B Symptomatic:**

- Yes         No

**Hepatitis C Symptomatic:**

- Yes         No

**AIDS Symptomatic:**

- Yes         No