

OPIOID TREATMENT ANNUAL UPDATE
FOR UPDATES DATED 10/1/2014 AND BEYOND

Provider Number Program Number Provider Client ID
Sex (at birth) Male Female Birth Date Last 4 SSN Last Name First 2 Letters (Birth Name)
Date Update Due Date Update Completed

TRS-61 - Identifying Information (ID):

ID Consent Date ID Consent Revoke Date (Revoke Date not required)

Last Name (Birth Name) Last Name (Current Name)

First Name Social Security Number

Medicaid Client ID

Zip Code of Residence County of Residence

Type of Residence:

- Private Residence, Homeless, Shelter, Homeless, No Shelter, Single Resident Occupancy, CD Community Residence, CD Supportive Living, MH/MRDD Community Residence, Other Group Residential Setting, Institution (jail, hospital), Other

Living Arrangements:

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

Highest Grade Completed:

- No education, 1st-10th, 11th, High School Diploma, General Equivalency Diploma (GED), Vocational Cert w/o Diploma/GED, Vocational Cert w/Diploma/GED, Some College-No degree, Associates Degree, Bachelors Degree, Graduate Degree

Does client have an Individual Education Plan (IEP)? Yes No Unknown

Employment

Employment Status:

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

Length of Employment at Update

Days Employed at Update: 0-30 Days 31-60 Days 61-90 Days 91-120 Days 121+ Days

Primary Payment Source:

- None, Self-Pay, Medicaid, Medicaid Managed Care, Medicaid Pending, Medicare, DSS Congregate Care, Department of Veterans Affairs, Private Insurance - Fee for Service, Private Insurance - Managed Care, Other

Criminal Justice Information

Current Criminal Justice Status (check all that apply)

- None, Probation, Parole, Work Release, In Prison/Jail, In OCFS Facility, Charges Pending, Any Treatment or Specialty Court, Other

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Arrests/Incarceration

Is client in treatment as a result of an alternative to incarceration? Yes No

No. of Arrests in Prior 30 Days ____

No. of Arrests in Prior 6 Months ____

No. of Days Incarcerated in Prior 6 Months ____

Current Opiate Addiction Medicine:

- Methadone
- Buprenorphine
- None

Daily Dose: _____

Current Pick-Up Schedule:

- | | |
|--|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> 2 days per week |
| <input type="checkbox"/> 6 days per week | <input type="checkbox"/> Once per week |
| <input type="checkbox"/> 5 days per week | <input type="checkbox"/> Once every two weeks |
| <input type="checkbox"/> 4 days per week | <input type="checkbox"/> Once a Month |
| <input type="checkbox"/> 3 days per week | <input type="checkbox"/> None |

Addiction Medications Used during 12 Month Review Period

CHECK ALL THAT APPLY. Select "NONE" if no addiction medication was used.

- | | | |
|--|---|---|
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Nicotine Gum | <input type="checkbox"/> Clonidine (Catapres) |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Nicotine Patch | <input type="checkbox"/> Baclofen (Kemstro, Lioresal, Liofen) |
| <input type="checkbox"/> Zyban/Wellbutrin | <input type="checkbox"/> Chantix | <input type="checkbox"/> Gabapentin (Neurontin) |
| <input type="checkbox"/> Naltrexone (Revia) | <input type="checkbox"/> Campral | <input type="checkbox"/> Other Addiction Medications |
| <input type="checkbox"/> Naltrexone (Vivitrol) | <input type="checkbox"/> Naloxone (Narcan, Nalone, Narcani) | <input type="checkbox"/> None |
| <input type="checkbox"/> Antabuse | <input type="checkbox"/> Vaccines (NicVAX) | |
| <input type="checkbox"/> Nicotine Lozenges | | |

Current Health Status:

HIV Status Known to be Positive Known to be Negative Unknown

Tested for HIV during this review period Yes No Unknown

Hepatitis B Status Known to be Positive Known to be Negative Unknown

Tested for Hepatitis B during this review period Yes No Unknown

Hepatitis C Status Known to be Positive Known to be Negative Unknown

Tested for Hepatitis C during this review period Yes No Unknown

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

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

Frequency of Use
 No use in last 30 days
 1-3 times last 30 days
 1-2 times per week
 3-6 times per week
 Daily

Primary: _____ Frequency Last 30 Days: _____

Secondary: _____ Frequency Last 30 Days: _____

Tertiary: _____ Frequency Last 30 Days: _____

For the Six month Period Prior to Anniversary Date

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

Tobacco

Has the client used tobacco (nicotine) since admission or the last Opioid (MCAS) Update Report? Yes No

Age of First Use ___ ___

Frequency of Use (in past 30 days):

No use last 30 days 1-3 times last 30 days 1-2 times per week 3-6 times per week Daily

Date Last Used: Month ___ ___ Year ___ ___ ___

Primary Route of Administration: Smoking Chewing

For Provider Use (Optional)

Signature _____ Title _____ Date _____