

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 _____

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"/> Department of Veterans Affairs | |
| <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 (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 | |

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: _____

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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

Current Opiate Addiction Medicine:

- Methadone
- Buprenorphine

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

Current DSM IV or ICD 10 Diagnoses – Axis 1:

Diagnosis Type: ICD 10 DSM IV

1. ___ . ___ 2. ___ . ___ 3. ___ . ___ 4. ___ . ___

Current Health Status:

Tuberculosis Symptomatic:

- Yes No

Hepatitis B Symptomatic:

- Yes No

Hepatitis C Symptomatic:

- Yes No

AIDS Symptomatic:

- Yes No