

Medication Assisted Treatment (MAT) Referral Form

Patient Name _____

Patient DOB and Age _____

Patient Contact Number _____

Patient meets opioid use disorder (OUD) criteria below:

DSM 5 Criteria for OUD (2-3 = mild, 4-5 = moderate, 6 or more = severe)

- ☐ Opioids are often taken in larger amounts or over a longer period of time than intended.
- ☐ There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
- ☐ A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
- ☐ Craving, or a strong desire to use opioids.
- ☐ Recurrent opioid use resulting in failure to fulfill major role obligations at work, school, or home.
- ☐ Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- ☐ Important social, occupational or recreational activities are given up or reduced because of opioid use.
- ☐ Recurrent opioid use in situations in which it is physically hazardous.
- ☐ Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.
- ☐ *Tolerance, as defined by either: a. a need for markedly increased amounts of opioids to achieve intoxication or desired effect, or b. markedly diminished effect with continued use of the same amount of an opioid.
- ☐ *Withdrawal, as manifested by either: a. the characteristic opioid withdrawal syndrome, or b. the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.

*These criteria do not count toward diagnosis in individuals taking opioids over a long period of time under appropriate medical supervision.

Age at first opioid exposure _____. Age at which patient felt opioid use was not controlled _____.

Opioid first exposed to (name and amount) _____

Response at first exposure (e.g., mellow, energized, nauseous, sleepy) _____

Current average daily use by opioid and amount _____

Prior Medication Assisted Treatment? If yes, indicate medication used and maximum dose received.

PLEASE INFORM PATIENTS THAT THEY NEED TO BE IN OPIOID WITHDRAWAL AT THE TIME OF ADMISSION AND, IF ENTERING A BUPRENORPHINE PROGRAM, SHOULD HAVE NOT USED OPIOIDS FOR 24 HR.