



# Substance Use Referral

Integrated Addiction Medicine Clinic  
(P) 970-298-3801 (F) 970-232-2860

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Phone Number \_\_\_\_\_

Referring Physician Office \_\_\_\_\_

Level/Type of care provided by referring office \_\_\_\_\_

Primary Insurance Provider \_\_\_\_\_

- 1. Requested addiction service level:  Assessment only  Assessment/Treatment  
 Counseling  Seeking recommendations for opioid tapering

2. Substance Use History:

- a. Substance(s) seeking tx for \_\_\_\_\_
- b. Frequency of use \_\_\_\_\_
- c. Duration of use \_\_\_\_\_
- d. Date/(time) of last use \_\_\_\_\_
- e. Concern/History of withdrawal \_\_\_\_\_

3. Previous treatment history \_\_\_\_\_

4. Associated Comorbidities/Behavioral Health conditions & tx \_\_\_\_\_

5. Please include the following supporting documentation, if not already in EPIC/QHN:

- a. Release of Information for referring provider/office (This allows us to communicate recommendations back and coordinate ongoing care.)
- b. PDMP (past 2 years)
- c. UDT (if previously performed)
- d. BMP/CMP (if performed in the past 3 months)
- e. Infectious disease labs - HIV, Hep C, Hep B

6. If applicable, patient is:  pregnant  adolescent  on chronic opioid therapy

7. Additional pertinent information: \_\_\_\_\_

Referring provider/office understands that St. Mary's Integrated Addiction Medicine does not guarantee that it will assume control of prescribing controlled prescription medications.