MACS Drug Treatment Center Admission H&P		Enc Date:
Patient Name:	**DOB:**	**MRN:**
PCP:	**Psychiatrist:**	

Reason for Visit/HPI: *(include quality, frequency, context, associated s&s, severity, duration, timing, modifying factors)*

Patient presents for evaluation of opioid use disorder.

Substance Use History

Substance	*Amount*	*Route*	*Age of Onset*	*Last Use*
Opioids				
Cocaine				
Sedatives				
Alcohol				
Cannabis				
Nicotine				
Other				

Pertinent Overdose and Withdrawal History:

Previous Treatment History

Dates	*Program Name*	*Treatment Type*	*Notes*

Past Psychiatric History	Past Medical History	Past Surgical History
☐MDD ☐Anxiety ☐Bipolar Disorder	☐HIV ☐HCV ☐Chronic Pain ☐Hypertension	

See problem list for additional details

Social History	Family History

MACS Drug Treatment Center Admission H&P		
Patient Name:	**DOB:**	**MRN:**

Allergies: ☐I have reviewed all allergies. See allergy list for details. ☐NKDA

☐**PDMP Checked:** ☐Prescriptions were as expected ☐No prescriptions found ☐Pertinent prescriptions listed here

Current Medications:
☐**I have reviewed/reconciled all medications/supplements the patient is currently taking. See medication list for details**

Review of Systems *(One box for Level 2, 2-9 boxes for Level 3, ≥10 boxes for Level 4 or 5)*	
Gen: ☐chills ☐sluggishness ☐fatigue	**Eyes**: ☐lacrimation
ENMT: ☐rhinorrhea	**CV:**
Resp:	**GI:** ☐abdominal pain ☐diarrhea ☐constipation
GU:	**MSK:** ☐myalgias ☐arthralgias
Skin: ☐gooseflesh	**Neuro:** ☐tremor ☐yawning ☐restless legs
Psych: ☐irritability ☐anxiety	**Endo:** ☐sweating
Heme/Lymph: ☐swollen lymph nodes	**All/Imm:**

☐ Except as noted above, all systems were reviewed and were negative *(acceptable for Level 4 or 5 documentation)*

******Complete* Either *Physical Exam* Or *Mental Status Exam (except pertinent positives)******

Physical Exam *(complete 2 elements in 6 boxes or all 12 boxes for Level 4, ≥6 boxes for Level 3, 1-5 boxes for Level 2)*	
(≥3) **Vital Signs:** T- R- P- BP- spO2-	**Gen**: ☐WDWN ☐NAD ☐disheveled ☐obese ☐underweight
Eyes: ☐anicteric ☐PERRL ☐conjunctivae clear	**ENMT:** ☐nl pinnae ☐OP clear
Neck: ☐trachea midline ☐no thyromegaly	**Pulmonary:** ☐nl resp effort ☐CTAB
CV: ☐extremities well-perfused ☐RRR ☐no MRG	**Abd:** ☐non-tender ☐no mass ☐no HSM ☐nl bowel sounds
Lymph: ☐nl/☐abnl ☐cervical ☐axillary ☐groin LNs	**Skin:** ☐no rash ☐tattoos ☐old/☐fresh tracks ☐moist palms
Neuro: ☐nl/☐abnl ☐DTRs ☐CN 2-12 intact	**Psych:** ☐nl/☐abnl ☐mood ☐memory ☐orientation
MSK: ☐nl/☐abnl ☐gait/station ☐strength/tone	**Extr:** ☐WNL ☐cyanosis ☐clubbing ☐edema ☐present/☐absent

Mental Status Exam *(complete all boxes below plus first and last lines of PE for Level 5, ≥9 boxes for Level 4, ≥6 boxes for Level 3)*	
Speech: ☐soft ☐loud ☐normal ☐pressured ☐mute	**Language:** ☐WNL Problem with ☐comprehension ☐expression
Attention/Concentration: ☐intact ☐impaired	**Fund of Knowledge**: ☐appropriate ☐impaired
Memory: ☐intact ☐impaired ☐short/☐long term	**Orientation**: ☐A&Ox3 ☐somnolent ☐confused
Mood: ☐neutral ☐euthymic ☐dysphoric ☐anxious ☐irritable	**Insight:** ☐fair ☐poor ☐good / **Judgment:** ☐fair ☐poor ☐good
Affect: ☐mood-congruent ☐appropriate to situation ☐full-range ☐constricted ☐blunted ☐flat ☐exaggerated ☐labile	
Thought process: ☐goal directed ☐paucity of ideas ☐illogical ☐blocking ☐concrete ☐odd	
Associations: ☐intact ☐loose ☐circumstantial ☐tangential ☐flight of ideas	
Thought content: ☐WNL ☐hallucinations: ☐delusions SI: ☐yes ☐no HI: ☐yes ☐no Current Plan: ☐yes ☐no	

Laboratory and Other Data			
Tox Screen Positives (date): ☐op ☐coc ☐amp ☐PCP ☐oxy ☐THC ☐BZD ☐barb ☐fentanyl ☐methadone ☐bup			
Breathalyzer:	**Other labs and data:**	**UPreg:** ☐neg ☐pos	**EKG:** (date) **QTc:** ms ☐NSR

MACS Drug Treatment Center Admission H&P

Patient Name:	DOB:	MRN:

Assessment and Plan ☐ Discussed risks/benefits/alternatives of current & proposed treatment

1° dx: ☐**Opioid Use Disorder, Severe** (F11.20) ☐**Opioid Use Disorder, Moderate** (F11.20) ☐**Opioid Use Disorder, Mild** (F11.10)

☐ Initiate treatment with ☐buprenorphine/☐buprenorphine-naloxone/☐methadone/☐naltrexone.

☐ Stressed the importance of abstaining from sedating substances such other opioids, benzodiazepines, and alcohol.

☐ Urine toxicology, bloodwork, and group and individual therapy as clinically indicated.

☐**Stimulant (Cocaine) Use Disorder** (F14.20) ☐**Tobacco Use Disorder** (F17.200) ☐**Alcohol Use Disorder** (F10.20)
☐**Cannabis Use Disorder** (F12.20) ☐**Sedative/Anxiolytic Use Disorder** (F13.20)

☐ I discussed tobacco cessation and referred to the patient to 1-800-QUIT-NOW.

Billing must be submitted SEPARATELY from this documentation. See instructions.

LOS:	☐90792 ☐H0016 (initial methadone induction) ☐99202 ☐99203 ☐99204 ☐99205 ☐99212 ☐99213 ☐99214 ☐99215
RTC:	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐Days ☐Weeks ☐Months ☐PRN

Provider Signature: _____ **Date:** **Start Time:** **End Time:**

Provider Printed Name: