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 annual methadone program physical.
Time in methadone treatment:
Current methadone dose:
Length of time at this dose:
Patient ☐endorses/☐denies craving; patient ☐endorses/☐denies physical withdrawal symptoms; patient ☐reports/☐denies illicit opioid use; patient ☐reports/☐denies methadone side effects.

Substance Use History ☐Unchanged since admission H&P except as noted below

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

Pertinent Overdose and Withdrawal History:

Current Medications: ☐I have reviewed reconciled all medications/supplements. See medication list for details.
Past Medical, Surgical, Family, and Social History ☐Reviewed and updated, see problem list and HPI.
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.

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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:** ☐N/V ☐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

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:**	**EKG:** (date) **QTc:** ms ☐NSR

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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)

☐Stable ☐Worsening ☐Improving on methadone maintenance therapy.

☐Plan to continue current methadone dose.

☐Plan to change methadone dose to /day due to

☐Patient verbalized the importance of avoiding other sedating drugs, *eg* opioids, benzodiazepines, and alcohol.

☐**Stimulant (Cocaine) Use Disorder** (F14.20) ☐**Alcohol Use Disorder** (F10.20) ☐**Cannabis Use Disorder** (F12.20)

☐**Sedative/Anxiolytic Use Disorder** (F13.20)

☐**Tobacco Use Disorder** (F17.200)

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

See instructions for billing.

LOS: ☐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: