

Medical Assistance Program

76 north Main Street

Warsaw, NY 14569

1ST VISIT

MEDICAL ASSISTED TREATMENT FOR OPIOID ADDICTION

DEMOGRAPHIC

Name.....

DOB: _____

Address: _____

SSN: _____

Email: _____

Phone number: _____

Health provider:

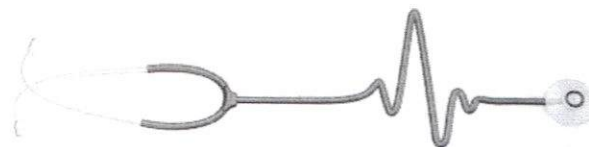
I do not have one []

My provider is _____

Last time you see your health provider if you have one:

Medical condition: not related with the opioid used:

Wyoming Urgent Care



Because illnesses don't happen by appointment.

Review of system

Cravings: 0 to 10

Appetite:

Hours of Sleep:

Constipation:

GERD:

Hallucinations:

Previous OD

Vital Signs

Height

Weight

BP

Temperature

Pulse

Respiratory Rate

O2%

Pain

Pupils

Skin

Wyoming Urgent Care



Because illnesses don't happen by appointment.

Previous Screening

- HIV ☐
- HEPATITIS A,B, C ☐
- PREGNACY ☐
- TB ☐
- Herpes ☐

First Visit Screening

Pregnancy Testing ☐

HIV ☐

Hepatitis A,B,C ☐

GCC ☐

Herpes ☐

CBC ☐

Hepatic Panel ☐

SED Rate ☐

Urine 12 Panel ☐

Blood Test ☐

Wyoming Urgent Care



Because illnesses don't happen by appointment.

Plan of Treatment:

Subjective Evaluation:

Objective Evaluation:

Risk of Diversion ☐

Psych-Social Diagnosis ☐