



Project ECHO: Substance Abuse, Mental Health, and MAT

Date: _____ Your Name: _____ Your Location: _____

What is your main goal for this consultation?

Patient Information:

Age: _____ Gender: ___Male ___Female ___Transgender

___ New Patient ___ Follow-up

Substances Used:

___ Heroin ___ Methamphetamine ___ Alcohol ___ Opiates ___ THC ___ Cocaine

Other: _____

Pertinent Medical History: (Accidents, TBI, Chronic Diseases, Chronic Pain, Surgeries, etc.)

Co-Occurring Mental Health Disorders:

___ Depression ___ Anxiety ___ Bipolar Disorder ___ ADHD ___ Eating Disorder ___ Psychosis

Other: _____

Pertinent Social History (living environment, financial needs, support systems, known challenges to treatment plan adherence, etc.):



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Current & Past Treatment:

Treatment Method	Previous? (Y/N)	Current? (Y/N)	Dose
Naltrexone (ReVia, Vivitro, Depade)			
Disulfiram (Antabuse)			
Acamprosate Calcium (Campral)			
Methadone			
Buprenorphine (Suboxone, Subutex, Zubsolv)			
Varenicline (Chantix)			
Bupropion (Zyban, Wellbutrin)			
Individual Therapy			
Group Therapy			
Family Therapy			
Alcoholics Anonymous			
Narcotics Anonymous			
Other:			

Current Medications:

Medication:	Dose:	Required for:

BEFORE SUBMITTING, please ensure you are HIPAA compliant by removing all Protect Health Information (PHI) from your form.
Submit your completed form by clicking the button below.

Contact Person: Kristi Sidel (605)322-2660 or Kristi.Sidel@avera.org