

# Opioid Treatment Program Assessment

Your Name

Date of Birth

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YES	NO	
		Are you willing to inform the provider of the complete history and physical including psychosocial evaluation?
		Do you feel mentally prepared to participate in the MAT Program?
		Have you had any prior adverse reaction(s) to buprenorphine/naloxone?
		Do you have any short and long-term goals for treatment?
		Do you feel you a lack of support or believe there are any barriers in the way of you successfully reaching abstinence?
		Are you willing to provide a complete list of all opioids that you are currently using?
		Can you confirm that you are not currently abusing sedatives (i.e., alcohol, Ambien, benzodiazepines)? OR If you are, do you agree to stop, in order to be able to successfully participate in the MAT program?
		Are you pregnant or actively trying to get pregnant?
		Are you willing to participate in a urine drug screening? We are aware there may be opioids found in your system and that will not exclude you from your participation in the treatment program.