Alberta Health Services

Virtual Opioid Dependency Program
Box 1000, Ponoka, AB.
P: 403-783-7688 Toll Free: 1-844-383-7688
F: 403-783-7610

Internal Use Only
Community:
ASIST ID:
Meditech ID:

Medical Suitability Form

PATIENT INFORMATION	
Legal Name: (Last, First, Middle)	
PHN:	**Date of Birth:** (dd/Mon/yyyy)
Gender: ☐ Female ☐ Male ☐ Other ________________	
Client Contact Info: *(required as we cannot reach patient without phone number or alternate plan)* ☐ Phone Number: ________________ **OR** ☐ Alternate Plan (e.g., client will be at X shelter): ______________________	

REFERRAL SOURCE INFORMATION	
Name:	
Practice ID #:	
Check one: ☐ Family Physician ☐ Psychiatrist ☐ Nurse Practitioner ☐ Other:	
Tel:	**Fax:**

SUITABILTY FOR OPIOID DEPENDENCY TREATMENT		
	Check	**Details**
Opiate Addiction	☐ Yes ☐ No	
Medically Stable	☐ Yes ☐ No	
Significant Respiratory Illness	☐ Yes ☐ No	
Pregnant	☐ Yes ☐ No	
Benzodiazepine Use **(Benzo. use can be dangerous with ODP tx)**	☐ Yes ☐ No	
Alcohol Use **(Alcohol use can be dangerous with ODP tx)**	☐ Yes ☐ No	
Other Relevant Information	Date Released: Medication: Dose: Last Taken:	

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Medication	Dose/Frequency

Previous ODT Treatments (Including When, Where and Why Stopped)

Signature

Date (dd/Mon/yyyy)

Please fax completed form to 403-783-7610

If you have any questions or concerns do not hesitate to contact the Virtual Opioid Dependency Program at 403-783-7688 or Toll Free at 1-844-383-7688