Alberta Health Services

Rural 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 ☐ _____	
Client Contact Info: (Phone Numbers and Address)	

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	
Other Relevant Information		

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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 Rural Opioid Dependency Program at 403-783-7688 or Toll Free at 1-844-383-7688