

Enrollment to be closed:  
 Addiction Consult Service  
 Bridge Clinic



## Disenrollment Assessment Hospital SUD

▶ ESM Client ID:

Provider ID:

All Questions marked with a ▶ must be completed

Boxes marked with ★ = Refer to key at end of form

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

▶ Disenrollment Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

▶ Disenrollment Reason: Select one

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Discharged from Hospital<br>(Inpatient Stay)                        | <input type="checkbox"/> Discharged from ED                                   | <input type="checkbox"/> Transferred to<br>inpatient psychiatric unit | <input type="checkbox"/> Patient declined<br>referrals and ongoing care |
| <input type="checkbox"/> Left Against Medical Advice–<br>(AMA)/As Patient-Directed Discharge | <input type="checkbox"/> Discharged from Bridge<br>Clinic                     | <input type="checkbox"/> Transferred to<br>another inpatient unit     | <input type="checkbox"/> Lost to follow-up                              |
| <input type="checkbox"/> Administrative/non-compliant<br>Discharge                           | <input type="checkbox"/> Transferred to Medication<br>for Addiction Treatment | <input type="checkbox"/> Transferred to<br>another SUD Program        | <input type="checkbox"/> Deceased                                       |

▶ 1. Client Code:

▶ 2. Intake/Clinician Initials:

▶ 3. Client referrals at Disenrollment Check all that apply. At least one item must be selected.

<input type="checkbox"/>	Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment	<input type="checkbox"/>	HIV Prevention Program (PrEP)	<input type="checkbox"/>	Transportation Support Service
<input type="checkbox"/>	Referral Not Needed – Appropriate <b>Mental Health</b> Clinical Services Already in Place	<input type="checkbox"/>	Hepatitis C Treatment Program (HCV)	<input type="checkbox"/>	Dept. of Youth Services
<input type="checkbox"/>	Referral Not Needed – Appropriate <b>Substance Use Disorder</b> Clinical Services Already in Place	<input type="checkbox"/>	Infectious Disease Field Epidemiologist	<input type="checkbox"/>	Dept. of Children and Families
<input type="checkbox"/>	Referral Not made – Client Left Prior to Referral Process	<input type="checkbox"/>	Syringe Service Program	<input type="checkbox"/>	Dept. of Mental Health
<input type="checkbox"/>	Referral Not made – Not Wanted by Client	<input type="checkbox"/>	Mutual Aid or 12-Step Program	<input type="checkbox"/>	Dept. of Developmental Services
<input type="checkbox"/>	Acute Treatment Services (ATS)/Detox	<input type="checkbox"/>	Other Harm Reduction Program	<input type="checkbox"/>	Dept. of Public Health
<input type="checkbox"/>	Transitional Support Services (TSS)	<input type="checkbox"/>	Bridge Clinic	<input type="checkbox"/>	Dept. of Transitional Assistance
<input type="checkbox"/>	Clinical Stabilization Services (CSS-CMID)	<input type="checkbox"/>	Other Substance Addiction Treatment	<input type="checkbox"/>	Dept. of Early Education and Care
<input type="checkbox"/>	Residential Treatment	<input type="checkbox"/>	Community Behavioral Health Center (CBHC)	<input type="checkbox"/>	Mass. Rehab. Commission
<input type="checkbox"/>	Outpatient SUD Counseling	<input type="checkbox"/>	Community or Religious Organization	<input type="checkbox"/>	Mass. Commission for the Blind
<input type="checkbox"/>	Opioid Treatment Program (OTP)	<input type="checkbox"/>	Employment Support Service	<input type="checkbox"/>	Mass. Comm. For Deaf & Hard of Hearing
<input type="checkbox"/>	Office-based Opioid Treatment (OBOT)	<input type="checkbox"/>	Financial Support Service	<input type="checkbox"/>	Division of Medical Assistance/MassHealth
<input type="checkbox"/>	Other Medication for Addiction Treatment	<input type="checkbox"/>	Food Security Support Service	<input type="checkbox"/>	Other State Agency
<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	Gambling Program	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Access to Recovery (ATR)	<input type="checkbox"/>	Legal Support Service		
<input type="checkbox"/>	Sober House	<input type="checkbox"/>	Mental Health Care Professional		
<input type="checkbox"/>	Recovery Support Center	<input type="checkbox"/>	Non-Addiction Specialty Health Care Professional		
<input type="checkbox"/>	Recovery Coaching or Peer Support	<input type="checkbox"/>	Other Behavioral Health Counseling		
<input type="checkbox"/>	Recovery High School	<input type="checkbox"/>	Other Community Program or Service		
<input type="checkbox"/>	Recovery Exercise Program (e.g., Phoenix Gym)	<input type="checkbox"/>	School Personnel, School System/College		
<input type="checkbox"/>	Mobile Addiction Services	<input type="checkbox"/>	Shelter		

<b>4. Did you START Medication for Addiction Treatment while in this engagement (or encounter) with the bridge clinic or addiction consult services?</b> <i>If No, skip to end</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a. Did you receive methadone treatment</b> <i>if Yes, skip to end, if No go to 42b-4c</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4b. Did you receive a prescription for buprenorphine or naltrexone (injectable or oral) treatment?</b> <i>Select Below</i> <input type="checkbox"/> Buprenorphine (Suboxone, Sublocade, Brixadi) <input type="checkbox"/> Extended release injectable naltrexone (Vivitrol) or oral naltrexone	
<b>4c. Is your buprenorphine or naltrexone prescription for alcohol use disorder, opioid use disorder, or both?</b> <input type="checkbox"/> Alcohol Use Disorder <input type="checkbox"/> Opioid Use Disorder <input type="checkbox"/> Both	