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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Massachusetts Department of Public Health Logo |  | **Disenrollment** | ⯈**Disenrollment Date:** / /  *mm dd yyyy* | | Opioid Urgent | | Care Center | | | | | | | | | |
|  | **First Name:** | | **Middle Initial: Last Name:** | | | | | **Suffix:** |
| ⯈ | **Client Code:** | |  | | ⯈ **Intake/Clinician Initials:** | |  | |
| ⯈ **Disenrollment Reason:** Select one | | | | | | | | |
|  | | Referred to Acute Treatment Svc (Detox) | |  | | Referred to Injectable Naltrexone Tx (e.g. Vivitrol) | | |
|  | | Referred to Clinical Stabilization Svc (CSS) | |  | | Referred to Emergency Department | | |
|  | | Referred to SA Outpatient Tx | |  | | Referred to Mental Health Svc | | |
|  | | Referred to Residential Tx | |  | | Referral Conditions Not Met | | |
|  | | Referred to Methadone Tx | |  | | Referred Not Needed | | |
|  | | Referred to Buprenorphine Tx (e.g. Suboxone) | |  | | Appropriate Service Not Available | | |
|  | |  | |  | | Lost to follow-up | | |