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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 |