



Community Action Against Addiction

5209 Euclid Avenue

Cleveland, Ohio 44103

Phone: (216) 881-0765 / FAX: (216) 431-2190

Guest Dosing Request Form

To be completed by Patient's Home Clinic at least 2 weeks prior to initiation of guest dosing.

Patient's Information

Patient's Name: _____ Date: _____

(Full Name)

Date of Birth: _____ Social Security Number: _____

Address: _____ Phone Number: _____

City: _____

State: _____ Zip Code: _____

Gender: _____ Male _____ Female

Weight: _____ Height: _____

Hair Color: _____ Eye Color: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Patient's Driver's License must be consistent with the information above.

Emergency Contact

Name: _____ Phone Number: _____

Relationship: _____

Home Clinic Information

Date of treatment initiation: _____ Diagnosis: _____

Current Medication: _____ Current Dose: _____

Dose the patient receive take home doses: _____ Yes _____ No IF yes, how many? _____

Description of Treatment Participation: _____

Potential for Relapse: _____

Is this patient medically Stable (yes/no)? _____

Is this patient psychiatrically stable (yes/no)? _____

Is this patient outside of the induction phase of dosing (yes/no)? _____

Does this patient require increasing or decreasing (yes/no)? _____



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Please list all patient's current approved medications.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach last three months of patient's urine drug screen results.

Guest Dosing Trip

Current Medication: _____ Current Dose: _____

Split Dose: _____

First day of guest dosing: _____ Last day of guest dosing: _____

Total number of doses requested: _____

Please inform the patient of the following: Patients are required to submit to a UDS prior to guest dosing. The cost of the UDS is \$10.00. Patients must pay for the UDS via cash or credit card prior to dosing. This charge is paid by the patient, CAAA will not bill the patient's insurance for this service. The cost of daily dosing is \$25.00 per dose at CAAA. Payment for dosing is also in the form of cash or credit card, and is required prior to dosing.

<p><u>Fax completed form to Community Action Against Addiction</u> <u>Medical Department</u> <u>(216) 361-7216</u></p>

Referring Provider (please print)

Signature of the referring provider

Date

Medical Director (please print)

Signature of Medical Director

Date

CAAA reserves the right to deny guest dosing of patients if they present inebriated, under the influence, acting in a bizarre manner, threatening violence, loitering, or inappropriately interact with other program patients, or CAAA staff.

Guest dosing patients are required to dose daily.