

Patient Name/ID:

Date:

1) Was the patient's previous urine drug screen positive for illicit substances? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) If YES to #1 or if the patient was recently started on buprenorphine, does the patient have fewer than four consecutive weekly drug-free urine drug screens? <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Is the patient using sedative-hypnotic drugs (e.g. benzodiazepines) or admitting to alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No
4) Does the patient report drug craving that is difficult to control? <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Does the patient endorse having used illicit substances in the past month? <input type="checkbox"/> Yes <input type="checkbox"/> No
6) Does the query of the Vermont Prescription Monitoring System (VPMS) show evidence of the unexplained, unadmitted, or otherwise concerning provision of controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No
7) Did the patient report their last prescription as being lost or stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No
8) Did the patient run out of medication early from his/ her last prescription? <input type="checkbox"/> Yes <input type="checkbox"/> No

SCORING:

If NO to all, the patient is "stable" can be seen monthly for prescriptions and urine drug screens, consider treatment at the "Spoke".

If YES to any of the above, the patient is "unstable" and needs to be seen weekly for prescriptions and urine drug screens, consider whether treatment is most appropriate at the "Hub" or "Spoke."

Additionally, if YES to 1-6, the patient should be referred for addiction services, consider treatment at the "Hub."