

INTAKE COURTESY DOSING SHEET

Form completed by:

Date completed:

HOME CLINIC INFORMATION

Program name:

Contact person:

Address:

Contact's title:

City:

State:

Zip:

Phone:

CLIENT INFORMATION

Client name:

Gender: () Male or () Female

DOB:

SSN:

Mom's maiden last name

Height:

Weight:

Ethnicity:

Color eyes:

Color hair:

Prescriptions (list below):

Date entered home clinic program:

Last positive UA:

Does the client have legal status?

() On probation

() On parole

Problems call, who pays?:

() Clinic takes collect call, or

() Client pays \$10 for call

Purpose of trip: () Vacation

() Business

() Emergency

() Transfer to DASH

Client previously at DASH?

() No/Unknown

() Yes, DASH client number:

Date client leaves home clinic:

Dates of home clinic's take home:

Client's dose in mgs.:

Client's home clinic schedule:

REQUEST FOR MEDICATION FROM DASH

Start dosing date:

Last dosing date:

Take home dates:

Total number of take homes:

Resume home clinic treatment date:

Total days dosed at DASH:

Any special requests?:

Physician's signature:

Date:

DASH client number:

DASH counselor:

Fee: \$

CHECKLIST: () Official photo ID:

() Dosing hours:

() Weekend fees:

() Mailed letter:

() Holiday closed

() Total fees:

() Carried letter:

() Client to get take home bottles

() Faxed letter:

() DASH collects home clinic's bottles