

With this signature, I agree to release my information to the secondary contact, confirm future appointments, and to release my information to the counselor listed below.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Medication Assisted Treatment Patient Demographic Sheet  
Vivitrol Referrals for Positive Recovery Solutions  
Email to: Prswestvirginia@prs-cares.com  
Phone: (412) 240-9886

\*County of Referral \_\_\_\_\_

\*Patient Name: \_\_\_\_\_ \*Sex: M or F

\*DOB: \_\_\_\_\_ \*SS#: \_\_\_\_\_ \*Valid Phone Number: \_\_\_\_\_

\*Address: \_\_\_\_\_  
City State Zip Code

\*Drug of choice: \_\_\_\_\_

\*Outpatient Drug & Alcohol Location: \_\_\_\_\_

\*Name of Vivitrol Coordinator / Lead Therapist / Lead Counselor at Location: \_\_\_\_\_

\*Phone Number / Email For Vivitrol Lead at Location: \_\_\_\_\_

\*Patients Counselor Name: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

\*Person making the referral: \_\_\_\_\_ \*Email/Phone # \_\_\_\_\_

\*Insurance: Y or N (Attach copy of insurance card)

\*Primary Insurance Company: \_\_\_\_\_ \*ID/Group# \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_ ID/Group # \_\_\_\_\_

\*Patients Secondary Emergency Contact Name: \_\_\_\_\_

\*Relationship to Patient: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

Note(s): \_\_\_\_\_

\_\_\_\_\_

**Positive Recovery Solutions  
Supplemental Form**

Participant Name: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_

Coordinator Phone/Extension: \_\_\_\_\_

Location to be scheduled: \_\_\_\_\_

Date of last use of substance/alcohol: \_\_\_\_\_

Allergies: \_\_\_\_\_

Participant received **Revia/Naltrexone** in the past?                      Yes                      No

Participant received **Vivitrol** in the past?                      Yes                      No

**\*If Yes**, Date of last Vivitrol Injection: \_\_\_\_\_

Has Participant received **Sublocade** in the past?                      Yes                      No

**\*If Yes**, Date of last Sublocade Injection: \_\_\_\_\_

Pharmacy Information: \_\_\_\_\_

Notes: \_\_\_\_\_