



**MAT/OHH Program Intake List & Acknowledgment**  
(For internal office use only)

Client Name		Client#	DOB
Please initial and input the date <i>the applicable intake items</i> were addressed:			
Date Completed	Staff Initials	Intake Item	
		Referral Script	
		Intake Questionnaire (3 pages)	
		Medical Screening Tool	
		MAT Program Client Informational Handout (11 pages)	
		MAT Program: Statement of Confidentiality	
		Pharmacy Consent Form	
		Intake visit with nurse	
		Visit with Licensed Independent Practitioner	
		Labs Completed	
		HIV Screening ( <input type="checkbox"/> Yes <input type="checkbox"/> No)	
		HEP C Testing ( <input type="checkbox"/> Yes <input type="checkbox"/> No)	
		UDS Obtained	
		HQN (all women) HCG?	
		Birth Control plan review (all women, documented in note)	
		Medication List	
		Allergies List (if applicable)	
		Consent for counselor/psychiatrist	
		Consent for probation/parole officer (if applicable)	
		Other Consents (as needed)	
		HCV or HIV Referral (if applicable)	
		Emergency Contact & Clinical Contact info	
		ACOK Assessment	
		Initial Assessment	
		COWS	