TREATMENT DATA SYSTEM (TDS)

OPIOID REPLACEMENT THERAPY (ORT) UPDATE FORM

https://portalx.bisoex.state.me.us/pls/osa/tdsdev.main_menu_2.show

ORT-1 (Rev. 7/10)

OPIOID REPLACEMENT FORM ORT-1

CLIENT CODE		
A. DATE OF BIRTH - -	**B. LAST FOUR SS#**	**H. DATE OF FIRST FACE TO FACE CONTACT** - -
1. LIVING ARRANGMENTS □ 01 INDEPENDENT LIVING ALONE □ 02 INDEPENDENT LIVING W/OTHERS □ 03 DEPENDENT LIVING □ 04 HOMELESS	**2. EMPLOYMENT STATUS** □ 01 FULL-TIME (35 HRS OR MORE) □ 02 PART-TIME (17-34 HRS) □ 03 IRREGULAR □ 04 UNEMPLOYED (HAS SOUGHT WORK) □ 05 UNEMPLOYED (HAS NOT SOUGHT WORK) □ 06 NOT IN LABOR FORCE □ 07 FULL-TIME VOLUNTEER □ 08 PART-TIME VOLUNTEER □ 09 IRREGULAR VOLUNTEER	**3. EMPLOYABILITY FACTOR** □ 01 EMPLOYABLE OR WORKING NOW □ 02 STUDENT □ 03 HOMEMAKER □ 04 RETIRED □ 05 UNABLE FOR PHYSICAL/PSYCHOLOGICAL REASONS □ 06 INMATE OF INSTITUTION □ 07 SEASONAL WORKER □ 08 TEMPORARY LAYOFF □ 09 UNABLE DUE TO SKILLS/RESOURCES □ 10 UNABLE DUE TO PROGRAM REQUIREMENTS
4. IF THE CLIENT HAS LEGAL CUSTODY OF CHILDREN, WHERE ARE THE CHILDREN WHILE THE CLIENT IS IN TREATMENT? IF NO DEPENDENTS SKIP □ 01 WITH THE CLIENT □ 02 SPOUSE/OTHER PARENT □ 03 GRANDPARENTS/RELATIVES □ 04 FRIEND(S) □ 05 BABYSITTER/CAREGIVER □ 06 TEMP. FOSTER CARE □ 99 OTHER	**5. HOW MANY PSYCHIATRIC ADMISSIONS TO A HOSPITAL HAS THE CLIENT RECEIVED DURING TREATMENT?** [ ][ ]	**6-9. DRUGS LISTED ON ADMISSION FORM** (drug codes are pre-filled from the Admission form) _____**6.** PRIMARY _____**7.** SECONDARY _____**8.** TERTIARY **TOBACCO** □ 01 YES □ 02 NO

10-13. FREQUENCY OF USE OF DRUGS BY CLIENT IN LAST 30 DAYS	**14. FREQUENCY OF SELF HELP IN THE PRIOR 30 DAYS**	**15. ARRESTS IN THE PRIOR 30 DAYS**
[ ][ ] **10.** PRIMARY [ ][ ] **11.** SECONDARY [ ][ ] **12.** TERTIARY [ ][ ] **13.** TOBACCO (Frequency of Use codes are listed below)	**(Check ONE box only)** □ **01 NO ATTENDANCE** □ **02 1-3 TIMES (LESS THAN ONCE PER WEEK)** □ **03 4-7 TIMES (ABOUT ONCE PER WEEK)** □ **04 8-15 TIMES (2 OR 3 TIMES PER WEEK)** □ **05 16-30 TIMES (4 OR MORE TIMES PER WEEK)** □ **06 SOME ATTENDANCE FREQUENCY UNKNOWN**	[ ][ ]

Answer Codes

Form Completed By:	**10-12. Substance Frequency Codes**	**13. Tobacco Frequency Codes**
_____ **LAST NAME/FIRST**	00 None 02 No Use Past Month 03 Once In Last 30 Days 04 2-3 Days Per Month 05 Once Per Week 06 2-3 Days Per Week 07 4-6 Days Per Week 08 Daily	00 None 09 Not Currently Smoking 10 About ½ Pack/Can/Pouch a Day or Less 11 About 1 Pack/Can/Pouch a Day 12 About 1 ½ Pack/Can/Pouch a Day 13 About 2 Packs/Cans/Pouches a Day 14 More than 2 Packs/Cans/Pouches a Day