



JSAS HealthCare, Inc.

"Working Together To Make Life Better"

VIVITROL® TRANSFER CHECKLIST

PLEASE FAX ALL THE FOLLOWING TO TALESE WHITE AT 732-988-2572

Patient Name _____

Date of Birth _____ Social Security Number _____

Height _____ Weight _____ SUD DX _____

Address _____

Phone Number _____ Alt. Phone Number _____

Referring Agency _____

Agency Contact _____ Phone Number _____

COPIES OF (IF AVAILABLE)

Vivitrol® Injection Site History

Nurse's case note for last Vivitrol® Injection

Current Prescriptions

TB Results

Recent labs

Toxicology results

FUNDING SOURCE

Medicaid ID Number _____

FOR PATIENTS WHO ARE NOT FUNDED BY MEDICAID, PLEASE SUBMIT A COPY OF THE DASIE AND CHECK CURRENT FUNDING SOURCE BELOW

STORI

MATI

DUUI

Drug Court

NJSI

OTHER

FOR PATIENTS WHO ARE CURRENTLY PRESCRIBED VIVITROL®

Facility that gave the injection? _____

Date of last injection? _____ Right or left gluteal? _____ Any adverse reaction to the injection? (Y/N) _____

If "Yes," please describe: _____

How many injections has the patient received? _____ Is patient scheduled for another injection prior to discharge? (Y/N) _____

If "Yes," when? _____

PLEASE NOTE THE FOLLOWING

For patients currently in treatment: the patient must be entered into "parallel care" or "continuing care" in NJSAMS prior to scheduling an intake appointment at JSAS HealthCare.

If the patient arrives here "under the influence" or tests positive for opioids, a decision for appropriateness for treatment will be made by the physician. If a patient is not admitted appropriate referrals will be provided.



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VIVITROL® PROGRAM INFORMATION

VIVITROL® PROGRAM AT JSAS HEALTHCARE

Please note that this appointment can take anywhere from 1 – 3 hours.

1. Please bring two forms of identification, one of which needs to be a photo ID.
2. Be prepared to leave a urine sample.
3. Methods of Payment
 - a. Medicaid, Drug Court, DUII – no co-pay
 - b. If you do not have any of the above funding sources you may qualify for State Funding. To qualify for this funding your income needs to be below 350% of the federal poverty level. Please bring verification of your income to see if you qualify.
4. You will meet with the following staff members for a comprehensive intake
 - a. Substance Abuse Counselor or Substance Abuse Counselor Intern
 - b. Nurse
 - c. Doctor
 - d. HIV Counseling and Testing is available upon request.
5. You will not receive an injection at your first appointment. JSAS HealthCare must order the medication from the pharmacy. You will be scheduled for your injection once the medication arrives.
6. If you have never received a Vivitrol® injection the Physician will initially start you on oral naltrexone to ensure there is no adverse reaction to the medication
7. You will be required to attend outpatient counseling (individual or group) as clinically indicated.

Patient Name _____ Date _____

Patient Signature