# FIRST Trial - Addiction Physician Management

**Initial Visit Form**

Participant Study ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Age:\_\_\_\_\_ Gender:  Male  Female

Best phone number to reach participant at:\_\_\_\_\_\_\_\_\_\_\_

Past psychiatric history:

HIV history:

 When first diagnosed with HIV?

 What was HIV risk factor?

 Currently receiving antiretroviral treatment for HIV?

Is, or has their viral load been suppressed?

Other Past Medical History:

Past surgical history:

Family history of Addictive Disorders:

Level of education:

Employment:

Review of systems:

Substance use history:

 First use Last use Treatment

Alcohol:

Opioids:

Cocaine:

Benzodiazepines:

Marijuana:

Tobacco:

Substance use related complications

Psychiatric  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical  Yes  No

 Pancreatitis  Yes  No

 Heart disease  Yes  No

 Cirrhosis  Yes  No

 Hepatitis C  Yes  No

 Withdrawal syndrome  Yes  No

 Gastritis/PUD  Yes  No

 MVAs  Yes  No

 Anemia  Yes  No

Medication that potentially interacts with alcohol  Yes  No

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Employment  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social/Family  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participation in 12 Step program (N.A., A.A., Rational Recovery): Yes No

 Location:

 Duration:

Current Medications:

Allergies:

Gynecologic history (if applicable):

**Physical and mental status exam (pertinent positives and negatives)**

**Discussion of treatment plan**

**Addiction Physician Management** treatment plan: Discussed

 Required components

 Discussion of pharmacotherapy Yes No

 List pharmacotherapy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If not initiated, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Discussed pharmacotherapy contraindication with Dr. Fiellin or Dr. Edelman

Yes No

 Discussion of goal of achieving drinking target Yes No

Refer patient to web-based resources:  Yes  No

 Specify Web-site(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional components

 Recommendation regarding participation in

self-help groups (12-step programs: N.A., A.A., etc.)

 Yes No

Length of session \_\_\_\_\_\_ Physician signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Logged in REDCap by research coordinator: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RC initials: \_\_\_\_\_\_\_\_