Department of Corrections
WASHINGTON STATE

SUBSTANCE USE DISORDER MEDICATION ASSISTED TREATMENT (MAT) SCREENING AND BRIEF INTERVENTION

Name: _____ DOC number: _____
Age: _____ Date of birth: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Gender: ☐ Male ☐ Female ☐ Transgender male ☐ Transgender female ☐ Other ☐ No answer

Pregnant: ☐ Yes ☐ No ☐ Unknown ☐ No answer

Race: ☐ White ☐ African American ☐ Native Hawaiian/Other Pacific Islander ☐ Asian
☐ American Indian/Alaskan Native ☐ More than one race ☐ Other ☐ Unknown ☐ No answer

Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown ☐ No answer

Has individual ever used opioids? If yes, complete rest of form ☐ Yes ☐ No

_____ _____ _____
Employee/contract staff name | Facility | Date

NARCAN USE HISTORY

Has individual ever been treated with Narcan to reduce an opiate overdose? ☐ No ☐ Yes

Is individual able to access Narcan when released? ☐ No ☐ Yes

Did you provide a Narcan kit to the individual? ☐ No ☐ Yes, kit number: _____

Has individual ever used a Department-issued Narcan kit? ☐ No ☐ Yes
If yes: Was the use reported to DOCNARCAN@doc.wa.gov? ☐ No ☐ Yes
Where did they receive the kit? ☐ Violator facility ☐ Prison Site: _____
County where kit was used: _____ Date used: _____ Life saved? ☐ No ☐ Yes

Are there any barriers to accessing treatment? ☐ No ☐ Yes, explain: _____

Medical insurance? ☐ No ☐ Yes, provider (i.e., doctor's name, clinic/facility): _____

Medicaid? ☐ No ☐ Yes

Comments: _____

MOST RECENT OPIOID USE DISORDER TREATMENT HISTORY

Type	Program name(s)/location(s)	Date(s)	Helpful overall			Why (i.e., convenience, effectiveness, others)
			Yes	No	Somewhat	
Supervised detox			☐	☐	☐	
Outpatient			☐	☐	☐	
Inpatient			☐	☐	☐	
Social support			☐	☐	☐	
Methadone			☐	☐	☐	
Buprenorphine			☐	☐	☐	
Naltrexone			☐	☐	☐	

Name: _____ DOC number: _____

TREATMENT DECISION MAKING **Consider the following when determining appropriate treatment**		
Chronic pain	Impact on housing requirements	Convenience/visit frequency
Overdose risk	How s/he will feel	Impact on relationships
Other (e.g., employment, school, self-help groups):		

Methods	Pros	Cons
Watchful waiting		
Social support		
Counseling		
Methadone		
Buprenorphine		
Naltrexone		

The following treatment is requested by individual:
First choice: _____
Second choice: _____

Referral made? ☐ No ☐ Yes Date: _____ Time: _____
Facility: _____
Address: _____

Comments: _____

_____ _____
Employee/contract staff signature Date

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