# 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: \_\_\_\_\_\_\_\_