



Consultation Checklist

APD Assessment for Potential Diversion

Person's Name: _____ Address: _____ D.O.B. _____

Discussion points and observations by the clinician:

1. Criminal History Regarding Drugs/Alcohol

- | | | |
|--|-----|------|
| 1. Has the prospective patient ever been arrested or convicted for any offense related to the possession of any illicit or prescription drugs or for the consumption of alcohol? | Yes | High |
| <i>Note: Conviction includes receiving any type of probation or differed adjudication.</i> | No | Low |

2. Medical Records/PDMP Results

- | | | |
|--|-----|----------|
| 1. Has the referring doctor seen the prospective patient for more than 4 months? | Yes | See Q. 2 |
| | No | Medium |
| 2. Has the referring doctor treated the prospective patient for symptoms other than pain? | Yes | Low |
| | No | Medium |
| 3. Did the prospective patient display aberrant behavior or use alcohol (against the clinician's orders) during their past treatment? | Yes | High |
| | No | Low |
| 4. Was the patient referred because of aberrant behavior or alcohol use? | Yes | High |
| | No | Low |
| 5. Is there a discrepancy between the prospective patient's answers, documentation contained in the medical record, and documentation contained in the patient's PDMP results? | Yes | High |
| | No | Low |
| 6. Did the patient's PDMP result contain questionable information? | Yes | High |
| | No | Low |

3. Attitude and Mindset

- | | | |
|---|-----|----------|
| 1. Did the prospective patient agree with the medication recommended? | Yes | Low |
| | No | See Q. 2 |
| 2. If the answer to Q. 1 was No, was the disagreement legitimate (i.e., allergic to Medication)? | Yes | Low |
| | No | High |
| 3. Did the prospective patient request or strongly suggest a certain medication? | Yes | High |
| | No | Low |
| 4. Did the prospective patient agree with your overall treatment plan (i.e., physical therapy, weight loss)? | Yes | Low |
| | No | See Q. 5 |
| 5. If the answer to Cat. 3, Q. 4 was No, was the disagreement legitimate (i.e., cannot participate in therapy due to documented medical issue)? | Yes | Low |
| | No | High |

- This prospective patient has been accepted and will begin treatment utilizing a:

(Circle the correct outcome)

High Risk Protocol

Medium Risk Protocol

Low Risk Protocol

- Currently, this clinic cannot offer the supervision or treatment required by this prospective patient.

This assessment was completed by: _____ Date: _____