

Maternal Opioid Treatment Health Education and Recovery (MOTHER) Program



Date: _____

Appointment Date: _____

Patient Name: _____

Appointment Time: _____

Date of Birth: _____

New Patients please arrive ½ hr prior to appointment time

Preferred Phone: _____

Preferred Language: _____

Social Security #: _____

Acct #: _____ Initials of Preparer: _____

Primary Insurance: _____
Subscriber: _____
ID#: _____

Secondary Insurance: _____
Subscriber: _____
ID#: _____

Must check one box:

- Consultation with collaborative care and indicated ultrasound and/or other procedures
- Ultrasound and/or procedures with other indicated consultation and collaborative care.

Reason for Referral:

HRPC MOTHER CHECKLIST FOR REFERRALS

- At least 18 years old
- Must be pregnant
- Patient is currently using opioids
 - o Must have urine drug test positive for **opioids – please include results with referral**
 - or -**
 - o Patient admits to opioid use and has expressed interest for medication assisted treatment (specifically buprenorphine or naltrexone)

Referring Provider: _____ Office Phone: _____ Spoke With: _____

Please fax all patient records to 775-404-0000

This form to be completed in addition to the usual Consultation and Diagnostic Services Request

MOTHER Program Services Request		<i>Please allow 24-48 hours for HRPC to schedule an appointment.</i>		
Phone 775-404-5000 Fax 775-404-0000				
Brian K. Iriye, MD	Stephen M. Wold, MD	Wilson H. Huang, MD	Laura A. Gorski, DO	Lauren E. Giacobbe, MD
Garrett K. Lam, MD	David N. Jackson, MD	Manijeh Kamyar, MD	Roxanna M. Twedt, MD	

✓ Reno Office
9780 S. McCarran Blvd, Ste 1
Reno, NV 89523