CLATSOP BEHAVIORAL HEALTHCARE

Clatsop Behavioral Healthcare MAT Program Referral

Please fax referral to 503-325-8483

Please send all documents ATTN: MAT Care Coordinator.

Thank you for choosing Clatsop Behavioral Healthcare.
In order for our agency to process your referral we need the following information.

Provider Information	
Facility Name	
Facility Address	
Facility Phone #	
Facility Fax #	

Patient Information	
Patient Legal Name	
Date of Birth	
Mailing Address	
Home/cell Phone #	
Is it ok to leave a message?	

Is the client currently taking Buprenorphine? If yes, please supply the following information:

- Prescribing Physician _____
- Date treatment began _____
- Current dose _____
- Current tier _____

Documents Check List: Please send the following information along with the referral form:

- ✓ Releases of Information
- ✓ Most Current UDS
- ✓ Most Current Labs
- ✓ Most current Med List
- ✓ Pertinent Chart Notes

Records will be reviewed by our MAT Team and prescribing physician's. You will be notified when eligibility determination has been made. Our goal is to respond within three business days of receiving the above listed paperwork.

If you have questions please call our MAT Team Care Coordinator at (503) 325-5722.