Pre-Transplant Chemical Disorder evaluation form using

**Standard Criteria**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Name: |       | Institution: |       |  |
| Date of Birth: |       | Gender: |       | Race:  |       |  |
|  |
| CD Diagnosis: |       | CD Evaluation Date: |       |  |
|  |  |  |  |  |  |  |  |
| Level of Severity: | Mild (2-3): | [ ]  | Moderate (4-5): | [ ]  | Severe (6+): | [ ]  |  |
|  |

|  |  |  |
| --- | --- | --- |
| 1) | Length of abstinence **prior to CDE**: | **Months Abstinent** |
|  |  Alcohol |  |       |  |
|  |  Drugs\* *(specify)* |       |  |  |       |  |
|  |  Confirmed by *(check all that apply)*: | Patient | [ ]  | Collateral | [ ]  | Lab | [ ]  |  |  |  |  |
|  |  |  |
| 2) | Length of abstinence **at time of OSOTC patient review:** | **Months Abstinent** |
|  |  Alcohol |  |       |  |
|  |  Drugs\* *(specify)* |       |  |  |       |  |
|  |  |  |  |  |
| 3) | Active participation in an ongoing structured CD treatment program: | **Yes** |  | **No** |
|  |  Prior to CD Evaluation | [ ]  |  | [ ]  |
|  |  Recommended after CDE but pre-transplant | [ ]  |  | [ ]  |
|  |  |  |  |  |
| 4) | Active 12-Step meeting attendance (AA/NA/CA): |  |  |  |
|  |  Prior to CD Evaluation | [ ]  |  | [ ]  |
|  |  Recommended after CDE but pre-transplant | [ ]  |  | [ ]  |
|  |  Sponsor selection with ongoing contact | [ ]  |  | [ ]  |
|  |  |  |  |  |
| 5) | Stable sober support system | [ ]  |  | [ ]  |
|  |  |  |  |  |
| 6) | Contract to continue abstinence and active recovery program post-transplant | [ ]  |  | [ ]  |
|  |  |  |  |  |  |  |
| 7) | Negative random toxicology screens since (enter date) |       |
|  |  Number of screens performed since this date: |       |  |  |
|  |  |  |  |  |
| 8) | Patient meets OSOTC Standard CD Criteria | [ ]  |  | [ ]  |
|  |

\*includes stimulants/cocaine, marijuana, sedatives/hypnotics, hallucinogens

If your patient does not meet the Standard Chemical Disorder Criteria, but may qualify for listing under the Medically Urgent Criteria, please use the Medically Urgent form.

|  |  |
| --- | --- |
| Completed by: |       |