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.

|  |  |
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| Completed by: |  |