

**Have you ever received Medicated Assisted Treatment (MAT) services in the past? \_\_\_ Yes \_\_\_ No**

**If yes, what treatment were you receiving:**

**\_\_\_ Vivitrol \_\_\_ Buprenorphine \_\_\_ Methadone**

**I have been educated on the different options of MAT services.**

**\_\_\_ Vivitrol \_\_\_ Buprenorphine \_\_\_ Methadone**

**I am requesting additional information and education for:**

**\_\_\_ Naltrexone \_\_\_ Buprenorphine \_\_\_ Methadone**

**I am not interested/refusing MAT treatment at this time \_\_\_ Yes \_\_\_ No**

**Have you ever been treated for an overdose?**

**\_\_\_ Yes \_\_\_ No**

**If so, when? \_\_\_\_\_**

**Client was educated on NARCAN and instructed on how to obtain NARCAN by agency:**

**\_\_\_ Yes \_\_\_ No**

**Client Initial: \_\_\_\_\_**

**Staff Initial: \_\_\_\_\_**

**Date: \_\_\_\_\_**