



Evergreen Treatment Services

Transforming the lives of individuals and their communities through innovative and effective addiction and social services

COLLABORATION COMPASSION DIVERSITY EMPOWERMENT HOLISTIC INNOVATION INTEGRITY

Inpatient Hospitalization and/or Outpatient Procedure Information Request

_____, D.O.B.: _____, is a patient receiving opioid replacement treatment and s/he receives a _____ mg dose of methadone/buprenorphine/generic Suboxone orally per day at the following Evergreen

- Treatment Services' location:
- Seattle Clinic - Unit _____
 - South King County Clinic
 - South Sound Clinic
 - Grays Harbor Clinic

We require the following information upon his/her return:

Admission and Discharge Dates (or date of procedure): _____

Discharge Diagnosis: _____

Was patient's methadone dose replaced while s/he was there?

- Yes. Dates and amount of methadone dose: _____
- No.

Was any methadone given to the patient upon discharge?

- Yes. Strength, quantity and directions for taking: _____
- No.

Name of person providing info: _____ Title: _____

Name of Facility: _____ Date: _____

Phone number: (____) _____ - _____ Fax: (____) _____ - _____

Please have this information faxed to us at (____) _____ - _____ and have the patient hand carry it back to us, even if the patient leaves Against Medical Advice.

Thank you for your assistance.

Seattle Clinic
 1700 Airport Way South
 Seattle, WA 98134-1618
 (206) 223-3644
 Fax: (206) 223-1482



South King County Clinic
 1412 S.W. 43rd Street, Ste.140
 Renton, WA 98057-4803
 (425) 264-0750
 Fax: (425) 264-0799



South Sound Clinic
 6700 Martin Way E., Ste.117
 Olympia, WA 98156-5886
 (360) 413-6910
 Fax: (360) 413-9026



Grays Harbor Clinic
 804 Levee Street
 Hoquiam, WA 98550-2527
 (360) 209-6339
 Fax: (360) 532-0731