

# The MARC at



Thank you for your interest in becoming a patient at The Medication Assisted Recovery Center Opiate Treatment Program (MARC OTP) at Health Solutions. The MARC OTP is set up to provide medication (e.g. Suboxone, Methadone), in support of your substance use recovery process. Should you be accepted into the program, we will work with you to help you successfully succeed in your recovery goals. If you are not accepted into the program, our healthcare team will work with you to identify alternative treatment options.

*Please note, no appointments will be scheduled without your photo ID, insurance card/cards or number, and a completed application.*

## **Task Check List:**

- Return the completed packet to The Health Solutions Medication Assisted Recovery Center OTP (MARC OTP) 41 Montebello Rd., Suite 120;
- Complete all enrollment paperwork before being scheduled for an appointment; and
- Complete lab blood work after application is turned in and your history & physical/induction appointment is complete.

In order to begin medication the day of your history & physical/induction, please be 24-36 hours without opiates for Methadone and Suboxone. If not, we will still be happy to see you for evaluation and medication planning.

## *Open Access: 6-7 AM First Come First Served*

Orientation for the MARC OTP is required for all patients and will be completed within your first week of treatment.

Please understand and be prepared, as your history & physical/induction **appointment can last up to 3 hours**. You will be coming to the clinic daily to receive medication after initial appointment.

If you have any difficulties regarding the application process, or need assistance completing the application, we are here to help. Call: **719.423.1500** – and choose option 2. Or, you can stop by the MARC to ask questions or request help with an application. We're open Monday – Friday, 8:00am – 5:00pm at 41 Montebello Road, Suite 120 in Pueblo, CO.

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***Mission:** Health Solutions exists to assist those in need of healthcare services who require expert care to support recovery and to successfully achieve their healthcare goals. Health Solutions is committed to offering exceptional quality services that set the standard for healthcare in Colorado. This care is provided through service excellence, innovation, compassion, and promotion of self-determination.*

Revised: 02/04/2020



### MARC OTP (Methadone) PATIENT APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First, Middle, and Last Name

**Insurance Information:**

Insurance: Medicare Self Pay Medicaid Member #: \_\_\_\_\_

Other Insurance Information: \_\_\_\_\_

**Medical History:**

Who is your current Primary Care Provider?  I do not currently have a Primary Care Provider

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you currently pregnant? Yes No Any current prescription medications? Yes No

List all current Prescription Medications you presently use, the amount, and how often:

Medication Name	Amount/Dose	How Often

*Please note, Benzodiazepine use is not allowed while in the MARC program.*

Are you currently taking Methadone? Yes No

If yes, please list the doctor currently prescribing it and how long you have been taking it:  
\_\_\_\_\_

Are you currently employed? Yes No

Who referred you to the program/How did you hear about us: \_\_\_\_\_

**Substance Use History:**

List all the street drugs you presently use, the amount, and how often:

Drugs	Amount	How Often

Are you currently enrolled in residential treatment? Yes No If yes where and for how long? \_\_\_\_\_

Are you currently on probation or parole? No Yes PO's Name: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**MARC OTP PATIENT APPLICATION CONT.**

**OFFICE USE ONLY**

**Treatment Enrollment? Y N Where? \_\_\_\_\_**

**Religious Preference: \_\_\_\_\_ Education Level: \_\_\_\_\_**

**Marital Status: M S D W Current Employment/School Status: \_\_\_\_\_**

**Living Arrangement: \_\_\_\_\_ Smoker: Y N How Much? \_\_\_\_\_**

**Veteran: Y N Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_**

**Number of People Dependent on Income? \_\_\_\_\_ Number of Children: \_\_\_\_\_**