



NEW MEXICO MONITORED TREATMENT PROGRAM

CONTROLLED MEDICATION PROVIDER REPORT: To be submitted to MTP *by participant* each month by the 10th of the month for the preceding month.

Participant Name _____ Reporting Month _____

Provider _____ Phone _____

The individual listed above is a health care provider being evaluated and/or monitored by the New Mexico Monitored Treatment Program. The New Mexico Monitored Treatment Program requires clinical information as part of the individual's assessment process and his/her rehabilitation and monitoring plan. This individual has informed us that you are prescribing controlled medications to him/her. Therefore, please respond to the following questions:

What controlled medications are you currently prescribing for this individual?

MEDICATION NAME	DOSAGE	FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the diagnosis that requires treatment with a controlled medication?

What other treatments have been attempted?

What were the outcomes of these treatments?

Is treatment with a controlled medication the only effective treatment for the individual's condition? (If yes, please explain.)



NEW MEXICO MONITORED TREATMENT PROGRAM

How long to you anticipate that the individual will need to use this medication?

Is there any evidence of controlled medication abuse? (If yes, please list evidence.)

Are current controlled medications interfering in any way with the individual's ability to work in his/her profession and/or his/her over all functioning?

Has the individual informed you that he/she has a substance abuse disorder or a past history of problems associated with the use of controlled medications?

Have you discussed the long term consequences of the use of this controlled medication with the individual?

Additional comments:

Physician Signature

Date

CONFIDENTIAL

NOTICE TO RECIPIENTS: This information has been disclosed to you from records protected by Federal Confidentiality rules (42CFR Part 2)and HIPAA. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 CFR, Part 2. A general authorization for this release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.