



Opioid Treatment Program – Client Transfer Form

To be completed by the referring clinic

Elmira OTP/Outpatient: 911 Stowell St, Elmira NY, 14901 **Phone:** 607-737-5215 Option 1

Date: _____

Client Name: _____

DOB: _____

SSN: _____

Address: _____

Phone Number: _____

Email Address: _____

Insurance Company: _____

Insurance Number: _____

Consent signed and attached? Yes

Current OTP: _____

Address: _____

OTP Contact/Counselor: _____

Clinic Phone #: _____

Date Admitted at Current OTP: _____

Date Client wishes to Transfer: _____

Reason for Transfer: _____

Dosing Schedule/Number of Take-home Doses: _____

Methadone Dose: _____

Date of Last Physical Exam: _____

Date of Last Lab Work: _____

Please send the following documents with this form to: (f) 607-737-5219 OR (e): otpclinicaelmira@casa-trinity.org

- Evaluation or biopsychosocial
- Toxicology screens (at least last 3)
- Medical documentation (medical assessment, physical exam)
- Lab work (blood work, EKG)
- Dosing history
- Current medication list
- Description of clinical stability
- Treatment plan

Please note:

- Dosing hours are Monday-Saturday 6:30AM-10:30AM
- For emergencies or clinical questions, contact either Kelsei Schuster or Bailey O'Rourke at 607-737-5215 ext. 2220