



Opioid Treatment Program – Transfer Request Form

To be completed by the referring clinic

Select Location:

- Elmira OTP/Outpatient: 911 Stowell St, Elmira NY, 14901
 - Phone: 607-737-5215
 - Fax: 607-737-5219
 - Email: otpclinicaelmira@casa-trinity.org
- Olean OTP/Outpatient: 201 S Union St, Olean, NY, 14760
 - Phone: 716-373-4303
 - Fax: 716-373-4327
 - Email: otpclinicalolean@casa-trinity.org

Date: _____ Client Name: _____

DOB: _____ SSN: _____ Gender: _____

Address: _____

Phone Number: _____ Email Address: _____

Insurance Company: _____ Insurance Number: _____

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: _____

Date of Last Take-home Increase Approved (if applicable): _____

Methadone Dose: _____

Please fax or email this form along with the following documentation to the location selected above:

- Evaluation or biopsychosocial
- Signed consent
- Toxicology screens (at least last 3)
- Physical exam
- Blood work
- EKG
- Dosing history (last 3 months)
- Current medication list
- Description of clinical stability
- Active methadone order w/ Dr signature

Dosing hours are Monday-Saturday 6:30am-10:30am (must be in the building and checked in by 10:25am).