

# The MARC at



Thank you for your interest in becoming a patient at The Medication Assisted Recovery Center (MARC) at Health Solutions. The MARC is set up to be the medication arm (e.g. Suboxone, Vivitrol) in your total recovery process. Should you be accepted into the program, we will work with you, the whole you, to help you succeed and get where you want to be without dependencies. If you are not accepted into the program, our health care team will work with you to identify alternative treatment options and provide the most integrated and comprehensive treatment with the most up to date resources.

No appointments will be scheduled without your photo ID, insurance card/cards or number, and a complete application.

## **Task Check List:**

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

If you want to start the medication the day of your history & physical/induction appointment listed below you must be:

24-36 hours without opiates for Suboxone    7 days without opiates for Vivitrol

Orientation DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Physical/Induction DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Orientation for the MARC program is required for all patients and will be completed before your appointment with the doctor. Please be prepared, your history & physical/induction appointment can last up to 4 hours.

A MARC representative will contact you if there are any additional questions. If you have any questions regarding the application process, or need assistance filling it out, we're here to help! Call: 719.423.1500 or stop by the Medical Center any time. We're open Monday – Friday 8:00am – 5:00pm.

**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.



# MARC PATIENT APPLICATION

## Demographics:

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

Social Security Number: \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Gender:  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Insurance Information:

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

Other insurance: \_\_\_\_\_

## Medical History:

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

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

Any current Medication? Yes  No  Are you currently pregnant? Yes  No

If yes please provide a list at your physical appointment, please note that Benzodiazepine use is not allowed while in the program.

Are you interested in Suboxone or Vivitrol Treatment? Suboxone  Vivitrol

Are you currently taking suboxone? Yes  No

If yes and it is prescribed 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: \_\_\_\_\_

## Substance Use History:

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

Are you currently enrolled in residential treatment? No  Yes

If yes where and for how long? \_\_\_\_\_

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

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

\_\_\_\_\_  
Date



# MARC PATIENT APPLICATION

## OFFICE USE ONLY

Therapy enrollment?: Y N Where?: \_\_\_\_\_

Religious preference: \_\_\_\_\_

Education level: \_\_\_\_\_

Marital Status: M S D W

Current employment/school status \_\_\_\_\_

Living Arrangements: \_\_\_\_\_

Smoker: Y N How much? \_\_\_\_\_

Veteran: Y N

Monthly income: \$ \_\_\_\_\_ From: \_\_\_\_\_

# of people dependent on income: \_\_\_\_\_ children: \_\_\_\_\_