



Patient Scheduling Form

ScalaNW provides 24/7 scheduling services that allow follow-up appointments for methadone or buprenorphine to be made before discharge. You can complete this form with the patient prior to calling for a follow-up appointment. It helps gather the essential information upfront so scheduling can be smooth, efficient, and patient-centered.

24/7 scheduling line: **866-789-1511**

Referral source

Hospital, jail, or fire department: _____

Caller name: _____ Contact phone number: _____

Patient information

Name: _____ Date of birth: _____

Phone number: _____ Email: _____

For sending clinic appt. info

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Zip code: _____ Insurance: _____

For finding a clinic location

For finding a clinic location

Optional

Gender identity: _____ Sexual orientation: _____

Race/ethnicity: _____ Veteran status: Yes No

Preferred language: _____ Need for a translator? Yes No

Follow-up information

What medication is the patient starting?

Methadone Sublingual buprenorphine Injectable buprenorphine

What dose? (if known) _____

What time of day works best for an appointment? Morning Afternoon No preference

What days of the week? (Circle) Mon Tues Wed Thur Fri Sat Sun

What setting does the patient prefer? Telehealth visit In-person clinic No preference

Consent questions

- Patient consents to a call for peer support services.
- Patient consents for the provider to make an appointment on their behalf.
- Patient consents to receive text message reminders about the appointment.

Primary care interest

- Patient is interested in establishing primary care as part of treatment.