**AD Visit Tracking Form Detailer Name:**

|  |  |
| --- | --- |
| DEMOGRAPHICS |  |
| PRESCRIBER NAME |  |
| DEGREE |  |
| CLINIC NAME |  |
| SPECIALITY |  |
| ADDRESS |  |
| TELEPHONE |  |
| EMAIL |  |
| DATE OF INITIAL CONTACT ATTEMPT |  |
| METHOD OF CONTACT  Options: (1) telephone, (2) email,  (3) in-person visit |  |
| RESULTS OF CONTACT  Options: (1) phone call no answer, (2) phone call left voicemail,  (3) phone call spoke to non-provider e.g. receptionist,  (4) phone call spoke to provider, (5) email no response,  (6) email response |  |
| CONTACT MADE/APPOINTMENT SCHEDULED: | |
| SCHEDULED |  | |
| DATE |  | |
| TIME |  | |
| LOCATION |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DURING & POST-VISIT DOCUMENTATION | |  |  |  |  |  |  |  |
| APPT. OCCURRED |  |
| DETAILER |  |
| DETAILEE(S) |  |
| LENGTH OF VISIT |  |
| MESSAGES COVERED  (List all that apply)  1. Offer Treatment for Opioid Use Disorder (OUD), including MAT  2. Get Waivered to Prescribe Suboxone  3. Use Non-Opioid Treatment  4. If Opioids Must be Prescribed, Start Low  5. Review the State PDMP  6. Behavioral Health Services  7. Stigma Around MAT and SUD Treatments 8. OTHER TOPIC (Describe in notes section.) |  |
| QUESTIONS/ISSUES/CONCERNS |  |
| RESOURCES GIVEN OR REQUESTED |  |
| FOLLOW UP VISIT |  |
| FOLLOW UP DATE |  |
| FOLLOW UP TIME |  |
| FOLLOW UP LOCATION |  |
| Other/Notes: |  |