



Pre-consultation Checklist

APD Assessment for Potential Diversion

Person's Name: _____ Address: _____ D.O.B. _____

Verifying the referral

Circle one

- 1(a). Not applicable – person was not referred (applies to clinics that primarily treat chronic pain). _____ Medium N/A
- 1(b). Not applicable – person was not referred (applies to primary care clinicians only – patient's 1st treatment). _____ Low N/A
- 2. Referring clinic **NOT** found in Yellow Pages/White Pages/listings associated with electronic medical records. _____ High
- 3. Referring clinic identified. Referral could **NOT** be verified. _____ High
- 4. Referring clinic identified. Referral **WAS** verified. _____ Low

Clinic Selection

- 5. There are no clinicians (qualified to treat pain) located within a closer proximity to the prospective patient's home or work. _____ Low
- 6. There are other clinicians (qualified to treat pain) closer to the prospective patient's home; however there is a legitimate reason for the patient to be treated by this clinic. _____ Low
- 7. There are clinicians (qualified to treat pain) located closer to the prospective patient's home and there is no legitimate reason for the prospective patient to choose this clinic. _____ High

Identification

State Issued Driver License/Identification card was examined by trained personnel and found to be:

- 8. Valid by date (had not expired). _____ Low
- 9. No longer valid (had expired). _____ Medium
- 10. **NOT AUTHENTIC**. _____ High
- 11. **AUTHENTIC**. _____ Low

6 Month Pharmacy Report/PDMP Results

- 12. Prospective patient failed to bring in or authorize clinic to obtain 6 month pharmacy report. _____ High
- 13. Clinic obtained 6 month pharmacy report. No unexpected results. _____ Low
- 14. Prospective patient's medical record did not reflect information found on report. _____ High
- 15. Pharmacy report indicated negative questionable results. _____ High
- 16. PDMP results indicated no unanticipated and/or questionable information. _____ Low
- 17. PDMP results reflected unanticipated and/or questionable results. _____ High

Obtaining Medical Record

- 18. Person's medical record was received via FedEx/UPS/US Mail, etc. (professional delivery service). _____ Low
- 19. Person hand carried their medical records. _____ High
- 20. Person's medical record was received by fax. Fax number was verified. _____ Low
- 21. Person's medical record was received by fax. Fax number could not be verified. _____ High
- 22. Referring clinic/hospital verified that medical records were sent. _____ Low
- 23. Referring clinic/hospital verified that NO medical records were sent. _____ High

Photographing Patient

- 24. A digital photograph was taken of the person for identification purposes. _____ Low
- 25. The person refused to have their photograph taken. _____ High

Person's Attitude

- 26. The prospective patient provided resistance when a valid request was made. _____ High
- 27. The prospective patient displayed a normal demeanor during the pre-consultation process. _____ Low
- 28. The prospective patient displayed abnormal and/or incongruent behavior. _____ Medium

Explain abnormal or incongruent behavior on back of form.

This checklist was completed by: _____ and submitted to: _____ for review.

Date: _____