



## Sample Provider Forms

### General forms

#### Goal-Setting Form

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

GOAL CATEGORY	CURRENT SITUATION SCORE 10 = major problems and 0 = no problems	What would need to change to decrease this score?	PRIORITY SCORE 10 = highest priority ("I really want to work on this") and 1 = lowest priority ("I really do not want to work on this")
Opioid use			
Other illicit drug use: _____			
Alcohol use			
Tobacco use			
Physical health			
Mental health			
Legal/court issues			
Finances			
Job/employment			
Hobbies			
Family relations			
Partner relations			
Supportive drug-free network			
Education			
Keeping medication safe (e.g., not giving it away, selling it, having it stolen)			
Other			
Other			

M. Lofwall, February 27, 2017 (personal communication). Adapted with permission.