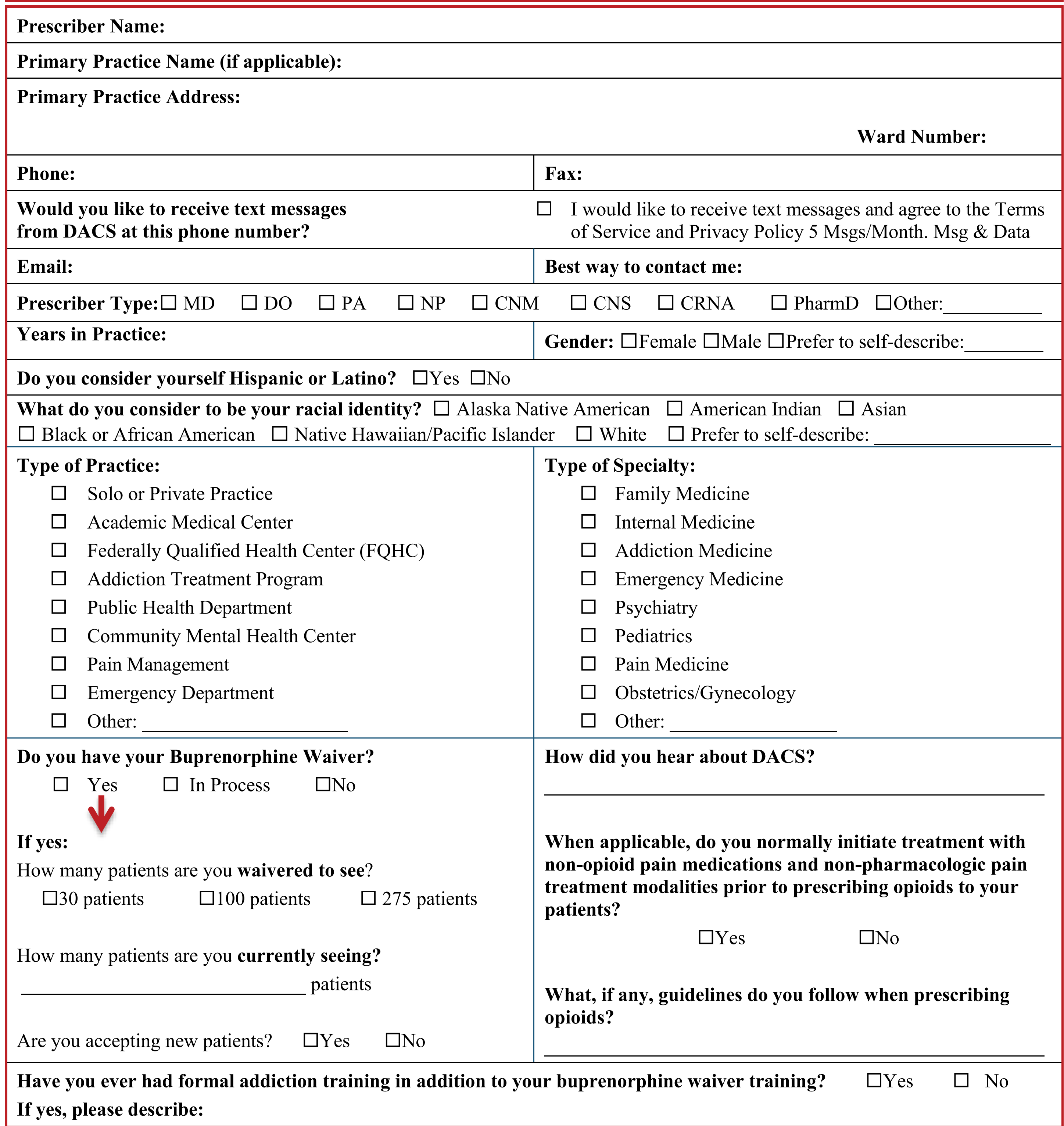
DACS
District Addiction Consultation Service

DACS Sign-Up Form

Please complete a separate form for each interested prescriber **Today's Date:**



Prescriber Name:

Primary Practice Name (if applicable):

Primary Practice Address:

Ward Number:

Phone:	**Fax:**
Would you like to receive text messages from DACS at this phone number?	☐ I would like to receive text messages and agree to the Terms of Service and Privacy Policy 5 Msgs/Month. Msg & Data
Email:	**Best way to contact me:**

Prescriber Type: ☐ MD ☐ DO ☐ PA ☐ NP ☐ CNM ☐ CNS ☐ CRNA ☐ PharmD ☐Other:__________

Years in Practice:	**Gender:** ☐Female ☐Male ☐Prefer to self-describe:________

Do you consider yourself Hispanic or Latino? ☐Yes ☐No

What do you consider to be your racial identity? ☐ Alaska Native American ☐ American Indian ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Prefer to self-describe: ________________

Type of Practice:

- ☐ Solo or Private Practice
- ☐ Academic Medical Center
- ☐ Federally Qualified Health Center (FQHC)
- ☐ Addiction Treatment Program
- ☐ Public Health Department
- ☐ Community Mental Health Center
- ☐ Pain Management
- ☐ Emergency Department
- ☐ Other: ____________________

Type of Specialty:

- ☐ Family Medicine
- ☐ Internal Medicine
- ☐ Addiction Medicine
- ☐ Emergency Medicine
- ☐ Psychiatry
- ☐ Pediatrics
- ☐ Pain Medicine
- ☐ Obstetrics/Gynecology
- ☐ Other: ________________

Do you have your Buprenorphine Waiver?

☐ Yes ☐ In Process ☐No

If yes:

How many patients are you **waivered to see?**

☐30 patients ☐100 patients ☐ 275 patients

How many patients are you **currently seeing?**

____________________________ patients

Are you accepting new patients? ☐Yes ☐No

How did you hear about DACS?

____

When applicable, do you normally initiate treatment with non-opioid pain medications and non-pharmacologic pain treatment modalities prior to prescribing opioids to your patients?

☐Yes ☐No

What, if any, guidelines do you follow when prescribing opioids?

____

Have you ever had formal addiction training in addition to your buprenorphine waiver training? ☐Yes ☐ No

If yes, please describe:

DACS is a grant-funded program sponsored by the District of Columbia Government, DC Health, Health Regulation and Licensing Administration (HRLA), Pharmaceutical Control Division (PCD). Therefore, the names of participating prescribers as well as information collected by DACS may be shared with state officials as requested. DACS provides de-identified, consultations for prescribers about their patients and does not assume liability for any direct patient care. Prescribers who sign up for DACS will be informed about upcoming training opportunities.

Please send forms to: (Fax) 1-866-337-3227; (Email) DACS@som.umaryland.edu