

Buprenorphine Treatment Intake History and Physical

NAME: _____

DATE: _____

Chief Complaint:

Opiate use history:

Yrs/mos of use _____ Route of Admin _____ Current length of continuous use _____

Amount of current use _____ Last use date/time _____

Present Symptoms _____

History of drug abuse treatment:

Medical History:

Allergies: _____ Current med: _____

Medical/psychiatric problems: _____

Hospitalization/surgery:

Psychiatric treatment:

Hepatitis _____ SBE _____ HIV _____ TB _____ STD _____

(women) LMP _____ G _____ P _____ TAB _____ SAB _____ Contraception _____

ROS: _____

Other Drug Abuse History:

Cocaine/stimulant: _____ Current amount: _____ Mos/Yrs of Use: _____ Last Use _____ Route: _____

Medical/Psychiatric Complications of Use: _____

Alcohol: Current amount: _____ Mos/Yrs of Use: _____ Last Use _____ Route: _____

Medical/Psychiatric Complications of Use: _____

Benzodiazepines: _____ Current amount: _____ Mos/Yrs of Use: _____ Last Use _____ Route: _____

Medical Complications of Use: _____

Marijuana: _____ Current amount: _____ Mos/Yrs of Use: _____ Last Use _____ Medical Psychiatric

Complications of Use: _____

Caffeine: Current Use: _____ Mos/Yrs of Use: _____

Nicotine/cigaretts: _____ Pack years: _____

Nutrition History: _____

Routine screening history (pap, chol, TB, Hep Panel, HIV, ECG, Pregnancy test, etc.):

Physical Examination:

T____ P____ BP____ R____ WT____ HT____ Gen. Appearance:_____

HEENT:_____
Thyroid/neck_____
Heart_____
Lungs_____
Chest/breast_____

ABD_____
Back_____
Neuro_____
Extrem_____
Skin_____
Tracks/scars_____

Patient Name:_____

Signs of Opioid Withdrawal:

Date/Time of Last Use:_____

- Pupils
Rhinorrhea
Lacrimation
Perspiration
Piloerection
Increase Temp.
Increase BP
Tachycardia
Vomiting
Diarrhea
Myalgia/Joint Pain
Anxiety
COWS score

Screening Laboratory Results:

Urine Drug Screen Results:_____
Liver Function Test Results:_____
Other Labs (CBC, chemistries):_____
Office-based opioid dependence treatment assessment:

Opioid Dependence Yes____ No____

_____ withdrawal: Degree: None Minimal Moderate Severe

Other Diagnoses:

Initial Treatment Plan:

Screening for Appropriateness for Buprenorphine Treatment

____ Laboratory testing: CBS, Chem Panel (ALT, AST, GGTP Tot Bili, Alk Phos, Glc, BUN Creatinine, Chol/Trig), Urine Drug Screen (expanded panel for opioids)

Other:____ Hepatitis Panel____ HIV Antibody____ Pregnancy Test (Urine/Serum)____ ECG____
____ TB test: placed date_____ to be read date_____

Initial Orders

____ admit to Buprenorphine maintenance/medical withdrawal treatment

Induction dose orders:_____

____ urine drug screen schedule_____

Counseling plans:_____

Next visit:_____

Maintenance Buprenorphine/Naloxone Dose:_____

Signed:_____

Date:_____