

**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 meds _____
Medical/ psychiatric problems _____

Hospitalizations/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: _____

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/cigarettes _____ 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: CBC, 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 ___

___ Breathalyzer

___ 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 _____