Nursing Follow-up Visit

Visit type:
☐ Scheduled
☐ Call back
☐ Walk-in
☐ Random call back

Reason for visit: 
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Is the patient taking Suboxone as directed?  ☐ Yes  ☐ No

Current dose of Suboxone?
☐ 2mg  ☐ 8mg  ☐ 16mg  ☐ 28mg
☐ 4mg  ☐ 10mg  ☐ 20mg  ☐ 32mg
☐ 6mg  ☐ 12mg  ☐ 24mg  ☐ Other

The patient's dose is:
☐ Stable
☐ Titrating up
☐ Tapering down

How often is patient taking Suboxone?
☐ Single dose  ☐ Divided dose  ☐ Other: ________________________________

If taking more than once a day, what is the reason?
☐ Sleep
☐ Habit
☐ Mentally feels better
☐ Increased anxiety with full dose
☐ Energy
The patient is experiencing (check all that apply):

- Cravings
- Withdrawal symptoms
- Side effects
- Other: _____________________________

Have there been any changes in medications since the last visit?  □ Yes   □ No

If yes, please list: _________________________________________________________________
_________________________________________________________________________________

Does the patient have any active medical issues?  □ Yes   □ No

If yes, please list: _________________________________________________________________
_________________________________________________________________________________

Is the patient pregnant at this time?  □ Yes   □ No

Is the patient using birth control?  □ Yes   □ No

If yes, please list: _________________________________________________________________
_________________________________________________________________________________

Patient □ admits to opiate use    □ denies opiate use

Has the patient used other illicit substances?

- Cocaine
- THC
- ETOH
- Prescribed controlled substance - reason for prescription:
  □ Patient denies all drug use
  □ Other: _____________________________
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Comments:  ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is the patient in counseling?  ☐ Yes  ☐ No

Counselor name: __________________________________________________________

How often is the patient going to counseling?
☐ Once a week
☐ Every other week
☐ Once a month
☐ Every 2-3 months
☐ Other: ______________________

Has the patient missed any counseling appointments?  ☐ Yes  ☐ No

What is the reason for the missed appointments?  __________________________________________

________________________________________________________________________

Is the patient seeing a psychiatrist?  ☐ Yes  ☐ No

How often is the patient seeing a psychiatrist?
☐ Once a week
☐ Every other week
☐ Once a month
☐ Every 2-3 months
☐ Other: ______________________

Is the patient on medications for a mental health condition?  ☐ Yes  ☐ No

If yes, please list:  ________________________________________________________
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Is the patient attending AA/NA meetings? □ Yes □ No

If yes, how many meetings each week?
□ 1-2 week
□ 3-4 week
□ 5-6 week
□ Daily
□ Other: ______________________

Are there any changes in the patient’s housing status? □ Yes □ No

Comments: ______________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Are there any changes in the patient’s contact information? ____________________________
_________________________________________________________________________________

Recovery education/support conducted during this session? □ Yes □ No

Educated/supported the patient in:
□ Attending meetings
□ Attending counseling
□ Addiction behavior
□ Recovery issues
□ Relapse prevention
□ Relationship/family issues
□ Other: _____________________________

Treatment plan reviewed: □ Yes □ No

Plan: UTS/Bupe Level Sent □ Yes □ No
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Other substances:
☑ Oxycodone
☑ Methadone
☑ Other:

If yes: ☐ Observed ☐ Unobserved

If no:
☐ Too soon after induction period
☐ Patient admits to opioid use
☐ Patient unable/refused to void

RTC: ☐ Scheduled ☐ Random call back

Comments: __________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________