

## Nursing Follow-up Visit

Visit type:

- Scheduled
- Call back
- Walk-in
- Random call back

Reason for visit: \_\_\_\_\_

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Is the patient taking Suboxone as directed?  Yes  No

Current dose of Suboxone?

- 2mg
- 4mg
- 6mg
- 8mg
- 10mg
- 12mg
- 16mg
- 20mg
- 24mg
- 28mg
- 32mg
- 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

## Nursing Follow-up Visit

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: \_\_\_\_\_

## Nursing Follow-up Visit

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

## Nursing Follow-up Visit

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_