Nursing Intake Screener

Nursing Summary: ____
____
____

Name ______________________________

Are you pregnant? ☐ Yes ☐ No ☐ Don’t Know ☐ N/A

Are you taking birth control pills? ☐ Yes ☐ No ☐ N/A

Drug Use History

What are you currently using at this time?

☐ Heroin – amount: ____________________

☐ Oxycontin – amount: ____________________

☐ Methadone – amount: ____________________

☐ Percocet, Vicodin, etc. – amount: ____________________

☐ Cocaine – amount: ____________________

☐ Benzos (Klonopin, Xanax, Ativan, etc.) – amount: ____________________

☐ Alcohol – amount: ____________________

☐ Other ____________________

☐ Nothing

Do you have a history of any other addictive behaviors? ☐ Yes ☐ No

If yes:

☐ Gambling

☐ Sex

☐ Shopping

☐ Eating disorder (over eating, bulimia, anorexia)

☐ Other: ____________________

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Methadone and Suboxone History

Are you currently on Methadone Maintenance? Yes No

What is your dose? ______________________

Have you ever been prescribed Suboxone before? Yes No

If yes, when were you on Suboxone? ____

What was your dose? ____

Why did you stop taking the Suboxone? ____
____

Are you still on Suboxone? Yes No

Have you ever tried Suboxone without having a prescription? Yes No

Mental Health History

Have you ever been diagnosed with any mental health condition: Yes No

If yes, please specify: ____

 Depression Obsessive Compulsive Disorder (OCD)
 Anxiety Post Traumatic Stress Disorder (PTSD)
 Bipolar Attention Deficit Disorder
 Schizophrenia Panic Attacks
 Other: __________________

Are you currently taking any medication for this/these problem(s)? ☐ Yes ☐ No

If yes, what medications are you taking? ______________________________

Health Status

Have you ever been diagnosed with any other medical conditions? Mark all that apply.

☐ Diabetes (specify type): ______________________________

☐ Heart disease (specify type): ______________________________

☐ Cancer (specify type): ______________________________

☐ Asthma

☐ Hepatitis C ☐ If yes, have you been treated? ☐ Yes ☐ No

☐ Tuberculosis (TB)

☐ Endocarditis

☐ Abscesses

☐ Skin infection

☐ HIV ☐ If yes, are you currently in care? ☐ Yes ☐ No

☐ Hepatitis B

☐ Hepatitis A

☐ Seizure disorder ☐ Are you on medications? ☐ Yes ☐ No

☐ High Blood Pressure

☐ Head Trauma/Injuries

☐ Pancreatic Problems

☐ Other (specify type): ______________________________

☐ None

PMH History: ______________________________

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Current Medications:____

____

Allergies____

____

Have you been tested for HIV? ☐ Yes ☐ No

If yes, did you go back for the results? ☐ Yes ☐ No

If yes, when was the last time you were tested? ______________________________

Do you have any pending surgeries? ☐ Yes ☐ No

Pain

Do you have problems with pain? ☐ Yes ☐ No

Has your pain lasted 3 months or longer? ☐ Yes ☐ No

If yes, can you tell us about your pain (what is it from, how often do you experience it, how are you dealing with it)? ____

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____

Can you tell me what your goals are for treatment? ______________________________

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Checklist of Tests and Forms

 Treatment program reviewed with patient including requirements to keep medical treatment-based appointments, urine tox screens (observed and unobserved) and possible random call backs with pill counts. He/She is aware of the responsibility for the Suboxone medication. Informed to keep medication in a safe undisclosed place, out of reach of children and visitors. If in a shelter, informed to keep medication in a locked storage unit.

 Consent and contract read to and reviewed with the patient. Patient voluntarily signed and dated consent. A copy was given to the patient and the original was placed in the chart. Opportunity for questions provided.

 Discussed Suboxone - reviewed medication, potential side effects including elevations in transaminines, potential lethal interaction with Benzos and ETOH, safe administration and storage. Written information also provided to patient. Patient verbalizes understanding of information provided and wishes to to schedule induction phase time and date.

 Contact numbers of medical providers and wallet size Suboxone information given to patient. Patient instructed to give these cards to family members or friends in case pt is ever hospitalized.

 Labs sent: CBC , Hep A & B antigen, Hepatic function panel, comprehensive met panel, urine tox. Screen.

Adapted from materials produced by Colleen LaBelle, RN at Boston Medical Center