

INITIAL PATIENT CONTACT ABOUT BUPRENORPHINE:

CHECKLIST

(for use by treatment program personnel who answer inquiries about buprenorphine)

REQUIREMENTS: (check if discussed with patient)

The following are required of patients who are admitted to buprenorphine treatment slot:

- Actively addicted to heroin or prescription opioids or currently taking methadone (methadone dose 30 mg/d or less)
- Initial long appointment, includes physical
- Long appointment for first day of induction
- Daily follow-up visits at first
- At least every 2 weeks to monthly visits thereafter
- Random urine and breath testing
- Regular attendance in substance abuse group therapy and/or 12-step recovery program
- Release to talk to all other doctors and counselors
- Fees at time of visit, cash or money order

PATIENT INFORMATION:

NAME _____ DOB _____

ADDRESS FOR MAIL:

TEL: _____ home, _____ work

OK to leave message ? _____ Does phone require caller ID? _____

CONFIDENTIALITY: (check if discussed with patient)

Patient confidentiality discussed

INSTRUCTIONS FOR INITIAL APPOINTMENT:

(check when discussed with patient)

- Full bladder
- Bring completed forms or come early
- Withdrawal, (if methadone, more than 24 hours since dose)
- Bring ALL pill bottles
- Valid photo ID
- Will be breath tested for alcohol

Appointment date and time _____ Mailed packet, date _____