



Buprenorphine Treatment Intake

Name: _____ Date: _____

Greenwood Family Practice is licensed to provide Buprenorphine therapy for 275 patients. As per **DEA guidelines, it is imperative that you make your scheduled appointment date and take your medication as prescribed. If for any reason you cannot make the appointment, you will be removed from the program.** Please understand that we work under strict guidelines that must be enforced and that your health is always of upmost importance to us. This rule pertains to **ALL** patients regardless of how long you have been in the program.

Please answer the following questions which will help us design you plan of treatment:

What are your reasons for being interested in Buprenorphine treatment?

Is there any medical problem that makes it hard for you to give a routine urine specimen?

Do you have any disabilities that make it hard for you to read labels and count pills?

What triggers do you know which have put you in danger of relapse in the past in which might in the future?

What coping methods have you developed to deal with these triggers to relapse?

Is anyone in your home actively addicted to drugs or alcohol?

What are the major sources of stress in your life?

What family or significant others will be will supportive to you during treatment?

Do you have any planned medical care for the upcoming year?

Have you ever been treated for a psychiatric problem or mental illness or been prescribed for either?

Do you have any Medical/Psychiatric problems?

Opiate Use History:

Current amount: _____ Months/Years of Use: _____ Route of administration
commonly used: _____ Last use Date/Time: _____ Present
Symptoms: _____

Other Drug use History:

Cocaine/Stimulants: Current amount: _____ Months/Years of Use: _____
Route of administration commonly used: _____ Last use Date/Time: _____

Alcohol: Current amount: _____ Months/Years of Use: _____
Route of administration commonly used: _____ Last use Date/Time: _____

Benzodiazepines: Current amount: _____ Months/Years of Use: _____
Route of administration commonly used: _____ Last use Date/Time: _____

Marajuana: Current amount: _____ Months/Years of Use: _____
Route of administration commonly used: _____ Last use Date/Time: _____

Nicotine/Cigarettes: Current amount: _____ Months/Years of Use: _____

The information provided above was answered true to the best of my ability.

Patient Signature

Place initials in box for agreement with treatment protocol

_____	I understand that Buprenorphine is a medication to treat opiate addiction (for example heroin, prescription opiates such as oxycodone, hydrocodone, methadone). Buprenorphine and the opiate antagonist drug, naloxone, in a 4 to 1 (buprenorphine to naloxone) ratio. The naloxone is present in the tablet to prevent diversion to injected abuse of this medication. Injection of Buprenorphine by a person who is addicted to opiates will produce severe opiate withdrawal.
_____	1. I agree to keep appointments and let appropriate staff know if I will be unable to show up as scheduled. I also agree to keep an active phone number and address.
_____	2. I agree to report my history and my symptoms honestly to my physician, nurses and counselors involved in my care. I also agree to inform staff of all other physicians and dentists who I am seeing; of all prescription and non-prescription drugs I am taking; of any alcohol or street drugs I have recently been using; and whether I have become pregnant or have developed hepatitis.
_____	3. I agree to cooperate with witnessed urine drug testing whenever requested by medical staff to confirm if I have been using alcohol, prescription drugs, or street drugs.
_____	4. I have been informed that Buprenorphine is a narcotic analgesic and thus it can produce a "high", I know that taking Buprenorphine regularly can lead to physical dependence and addiction and that if I were to abruptly stop taking it after a period of regular use, I could experience symptoms of opiate withdrawal.
_____	5. I have been informed that Buprenorphine is to be placed under the tongue for it to dissolve and be absorbed and that it should never be injected. I have been informed that injecting Buprenorphine or any other opiate regularly could lead to sudden and severe opiate withdrawal.
_____	6. I have been informed that Buprenorphine is a powerful drug and that supplies of it must be protected from theft or unauthorized use, since persons who want to get high by using it or who want to sell it for profit may be motivated to steal my take-home prescription supply of Buprenorphine.
_____	7. I have a means to store take-home prescription supplies of Buprenorphine safely where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my Buprenorphine pills are ingested by

	anyone besides myself, I will call 911 or Poison Control at 1-800-222-1222 immediately.
_____	8. I agree that if my doctor recommends that my home supplies of Buprenorphine should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.
_____	9. I will be careful with my take-home prescription supplies of Buprenorphine and agree that I have been informed that if I report that my supplies have been lost or stolen, that my doctors will not be requested or expected to provide me with make-up supplies. This means that if I run out of my medication supplies it could result in my experiencing symptoms of opiate withdrawal. Also, I agree that if there has been a theft of my medications, I will report this to the police and will bring a copy of the police report to my next visit.
_____	10. I agree to bring my bottle of Buprenorphine in with me for every appointment with my doctor so that remaining supplies can be counted.
_____	11. I agree to take my Buprenorphine as prescribed, to not skip doses and that I will not adjust the dose without talking with my doctor about this so that changes in my orders can be properly communicated by my pharmacy.
_____	12. I agree that I will arrange transportation to and from the treatment facility during my first days of taking Buprenorphine so that I do not have to drive myself to and from the clinic or hospital.
_____	13. I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days of taking Buprenorphine, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side-effect of taking it.
_____	14. I have been informed that it can be dangerous to mix Buprenorphine with alcohol or another sedative drug such as Valium, Xanax, Klonopin or any other benzodiazepine drug –so dangerous that it could result in accidental overdose, over-sedation, coma or death. I agree to use no alcoholic beverages and to take no sedative drugs at any time while being treated with Buprenorphine. I have been informed that my doctor will almost certainly discontinue my Buprenorphine treatment if I violate this agreement.
_____	15. I am not pregnant and not willing to become pregnant. If a female, I will not have unprotected sex while I am taking Buprenorphine because of the unknown safety of Buprenorphine during pregnancy. I will tell my doctor if I become pregnant so that other treatment options can be discussed with me.

_____	16. I want to be in recovery from addiction to all drugs and I have been informed that any active addiction to other drugs besides heroin and other opiates must be treated by counseling and other methods. I have been informed that Buprenorphine is a treatment designed to treat opiate dependence not addiction to other class drugs.
_____	17. I agree that medication management of addiction with Buprenorphine is only one part if the treatment of my addiction and I agree to participate in a regular program of professional counseling while being treated with Buprenorphine.
_____	18. I also agree that professional counseling for addiction has the best results when patients also are open to support from peers who are also pursuing recovery.
_____	19. I agree to participate in a regular program of peer/self-help while being treated with Buprenorphine.
_____	20. I agree that the support of loved ones is an important part of recovery and I agree to invite significant persons in my life to participate in my treatment.
_____	21. I agree that a network of support and communication among persons in that network is an important part of my recovery. I will be asked for my authorization id required(which it almost always is) to allow telephone, email, or face-to-face contact as appropriate between my treatment team, outside parties including physicians, therapists, probation and parole officers and other parties when the staff has decided that open communication about my case, on my behalf is necessary.
_____	22. I agree that I will be open and honest with my physician and will immediately report cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse which has occurred—before a drug test result shows it.
_____	23. I agree to random urine drug screen and medication counts without notice.
_____	24. I have been given a copy of clinic procedures, including hours of operation, the clinic phone number and responsibilities to me as a recipient of addiction treatment services, including Buprenorphine treatment.

Patient Signature: _____ Date: _____

Staff Signature/Title: _____ Date: _____

BUPRENORPHINE TREATMENT AGREEMENT

Patient Information and consent to treatment with Buprenorphine

Buprenorphine is an FDA approved medication for treatment of people with heroin or other opioid addiction. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary. There are other treatment for opiate addiction including Methadone, Naltrexone and some treatments without medications that include counseling, groups and meetings.

If you are dependent on opiates you should be in as much withdrawal as possible when you take the first dose of Buprenorphine. If you are not in withdrawal, Buprenorphine can cause severe opiate withdrawal. For that reason, you should take the first dose in the office and remain in the office for approx. 2 hours. We recommend that you arrange not to drive after your dose because some patients get drowsy until the correct dose is determined for them.

Buprenorphine must be held under the tongue until they dissolve completely. You will be given your first dose in the clinic and you will have to wait as it dissolves and approx. two hours after this process to see how you react. It is important not to talk or swallow until this dissolves. This may take a few minutes. Buprenorphine is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. Buprenorphine is poorly absorbed from the stomach. If you swallow it, you will not have the important benefits of the medication, and it may not relieve your withdrawal.

Most patients end up at a daily dose of 2/0.5-8/2mg of Buprenorphine. (This is roughly equivalent to 60mg of methadone maintenance) Beyond that dose, the effects of Buprenorphine plateau so there may not be any more benefit to increase in dose. It may take several weeks to determine just the right dose for you. If you are transferring to Buprenorphine from methadone maintenance, your dose has to be tapered until you have been below 30mg for at least a week. There must be at least 24 hours (preferably longer) between the time you take your last methadone dose and the time that you are given your first dose of Buprenorphine. Your doctor will examine you for clear signs of withdrawal and ,you will not be given Buprenorphine until you are in withdrawal.

Some patients find that it takes several days to get used to the transition from the opiate they had been using to Buprenorphine. During that time any use of opiates may cause an increase in symptoms. After you become stabilized on Buprenorphine, it is expected that other opiates will have less effect. Attempts to override the Buprenorphine by taking more opiates could result in opiate overdose. You should not take any other medication without discussing it with the physician first.

Combining Buprenorphine with alcohol or other sedating medications is dangerous. The combination of Buprenorphine with benzodiazepines (Valium, Librium, Ativan, Xanax, Klonopin, etc) has resulted in death.

Although sublingual Buprenorphine has not been shown to be liver-damaging your doctor will monitor liver tests while you are taking Buprenorphine. (This is a blood test)

Buprenorphine must be held under the tongue until they dissolve completely. You will be given your first dose in the clinic and you will have to wait as it dissolves and approx. two hours after this process to see how you react.

Please be aware that during this induction phase you may be asked to return to the clinic the following day as well as the next day as well if the physician feels that this is necessary within your treatment plan. Please be aware that you may be asked to follow-up in one week as well. There will be a \$25 Urine Drug Screen charge for daily and weekly follow-ups in combination with your copays or deductibles.

I have read and understand these details about Buprenorphine treatment. I wish to be treated with Buprenorphine.

Signed _____ Date _____

Witness _____ Date _____

Counseling Data Worksheet

1. Are you actively enrolled in counseling? _____

2. If yes, In what facility? Phone Number?

3. If you have successfully completed a counseling program, please provide the facility information.

4. When did you start Suboxone initially? _____ Months _____ Years

5. Have you been on current therapy with no relapse? If relapse have long have you been currently on Suboxone? _____ Months _____ Years