



MAT Patient Chart Checklist

Patient Name _____ DOB _____

Assessment: _____ Medical Records (date requested): _____

Labs Drawn: _____ Other: _____

Labs Received: _____ Other: _____

Induction: _____ Other: _____

Discharge: _____ Other: _____

_____ Pregnant? If yes, due date _____ Emergency Contact: _____

_____ Allergies? _____ Hep C? _____ HIV? _____ TB? _____ Reported? YES NO

_____ Demographics

_____ Quality copy of ID or License

_____ Quality copy of Insurance card(s)

_____ Release of Information/Medical Records Authorization

_____ Medication Log

_____ Informed Consent

_____ Agreement for Treatment – Buprenorphine

_____ Initial Questionnaire

_____ Medical Records (Primary Care)

Primary Care Provider _____ phone _____

OBGYN _____ phone _____

_____ Previous Buprenorphine Treatment Provider (Transfer Letter from provider's office)

Previous Provider _____ phone _____

_____ Referral 1. _____

2. _____

_____ Other: _____



INSTRUCTIONS FOR INITIAL APPOINTMENT

1. Arrive **30 minutes early** to complete necessary paperwork. If you are late, you will not be seen.
2. Bring all pill bottles/current prescriptions.
3. Bring valid photo ID.
4. Bring insurance card if insured. We accept money order, Visa and Master Card. NO Checks will be accepted for payment.
5. A separate charge for screening lab tests may be billed to your insurance.
6. The initial assessment appointment will be completed by a Licensed Provider and may not be on the same day as your medical appointment. Your initial appointment may last up to 2 hours with a return to the office within the first 10 days after the first dose of Buprenorphine is taken and again within another 10 days. If an appointment is missed, you will be required to reapply for acceptance into the program. In addition, you will be charged \$100 for missed appointments. Re-acceptance is not guaranteed.
7. Fill your prescription at the pharmacy after the initial visit.

Prior to taking the initial dose of Buprenorphine:

- A. Must be in a safe environment where you will remain for 48-72 hours so as to avoid any and all driving for the first 72 hours, and in an environment conducive to having access in contacting for prompt medical care if required.
- B. Must be in withdrawal prior to initiation of treatment.
- C. No methadone for at least 2 days. Methadone dose for prior 7 days must be less than 31mg/day.
- D. No opioids for at least 12 hours and preferably 24 hours prior to first dose of Buprenorphine

Please write in your appointment times:

Assessment/Intake Time _____ Date _____

Induction Time _____ Date _____

Therapy Time _____ Date _____

Therapy Time _____ Date _____

Patient Signature: _____



NEW PATIENT INTRODUCTION

Essential Healing IOP is a Behavioral Health Services Organization (BHSO). We are NOT a “Buprenorphine” or “Suboxone” Clinic. We DO provide medication assisted treatment to assist you in your recovery. Essential Healing IOP restricts our treatment panel to a limited number of pre-qualified patients. This program accepts only patients who are **serious** about overcoming opioid addiction. We do not assume general medical care of Buprenorphine patients. Uninsured patients must adhere to strict cash payment policies. Privately insured patients **must** provide confirmation of coverage for treatment prior to acceptance. Not all insurance is accepted. To register, please complete STEP ONE.

STEP ONE

- Read the entire packet.
- Complete the entire packet.
- Obtain a copy of your medical records and most recent blood labs. If you are transferring from another Buprenorphine provider, you are required to bring a transfer letter indicating your treatment progress, current dosage, length of treatment, and reason for transferring.
- Return the entire packet, your medical records, lab reports, and transfer letter during your scheduled assessment appointment.

STEP TWO

- If accepted, you will be contacted by our staff.
- Once you have been accepted, plan to attend an “Induction” office visit with our physician.
- Plan to have transportation other than yourself. You will not be permitted to drive until you are completely capable of doing so without impairment.

STEP THREE

- Plan to schedule weekly office visits with your physician until stable dosing has been achieved.
- Plan to attend weekly and bi-weekly individual and group counseling/therapy. No exceptions will be made. Compliance is required to continue in the program.
- Duration of treatment is individually determined by the patient and the physician/therapist but usually lasts for one year or more.
- If an appointment is missed, you may be required to reapply for acceptance into the program. Re-acceptance is not guaranteed.



INFORMATION FOR PATIENTS

The Drug Addiction Treatment Act of 2000 made it legal to prescribe an opioid for treatment of addiction. An opioid addicted patient may receive opioid medication for detox or maintenance in a regular office setting, rather than a methadone treatment program. Buprenorphine is the only allowed medication. The restrictions of this law include requirements that the physician have training in opioid addiction treatment, be registered with the Secretary of Health and Human Services and be certified by the Drug Enforcement Administration to prescribe scheduled drugs.

Buprenorphine is a long acting opioid medication, which binds for a long time to the opioid receptor. Buprenorphine is taken sublingually (dissolved under the tongue) because it is not absorbed well by swallowing. This sublingual tablet also contains a small amount of naloxone (Narcan®) which is an opioid antagonist, or blocking/reversing agent, which will cause withdrawal if injected.

Buprenorphine has a “ceiling” which makes it safer in case of accidental overdose. In large doses, Buprenorphine does not suppress breathing to the point of death in the same way as opioid or methadone. These are some of the unusual qualities of this medication, which make it safer to use outside of the strict confines of a methadone clinic. After stabilization, most patients are able to self-manage Buprenorphine for up to four weeks at a time.

Buprenorphine is not equivalent in maintenance strength to methadone. In order to even try Buprenorphine without going into major withdrawal, a methadone-maintained patient would have to taper down to a dose of 30 mg per day of methadone or lower.

So remember the following tips. If you are offered Buprenorphine by a “friend” and you are taking other opioids, the Buprenorphine will force the other opioids off the receptor site and you may go into withdrawal and become very sick. If you dissolve and inject the Buprenorphine sublingual tablet, it may induce severe withdrawal because of the naloxone, which is an antagonist and reverses opioids effect when injected. If you wish to transfer to Buprenorphine from methadone, your dose has to be at or below 30 mg per day.

There have been deaths reported when Buprenorphine is combined with benzodiazepines. (This family of drugs includes Klonopin, Ativan, Halcion, Valium, Xanax, Librium, Serax, etc.) If you are taking any of these drugs, either by prescription or on your own, Buprenorphine is not a good treatment for you and should not be taken.



MATERIALS CONFIRMATION

DOCUMENT

INITIALS

Buprenorphine Information for Patients (Pg 3)		_____
Buprenorphine Patient Responsibilities (Pg 5)		_____
Follow-up Appointment Protocol (Pg 6)		_____
Buprenorphine Treatment Informed Consent (Pg 7)		_____
Buprenorphine Treatment Maintenance (Pg 8)		_____
Release of Medical Records Authorization	RETURN THIS FORM	_____
Agreement for Treatment with Buprenorphine (Pg 9-11)	RETURN THIS FORM	_____
Initial Questionnaire for Buprenorphine Treatment (Pg 12-20)	RETURN THIS FORM	_____
Questionnaire for Chronic Pain issues (as needed) (Pg 21)	RETURN THIS FORM	_____
Information for Family Members (Pg 22-23)		_____

My signature affixed below and initials by the name of each individually listed document, certifies that I fully understand and agree to the contents of each document and should I have any questions, I will ask one of my licensed providers. I understand it is my responsibility to obtain medical records and/or a transfer letter from my previous medical provider prior to my assessment visit. I am also required to bring any information including court order, case plan, and treatment plan if I am being monitored by DCBS. I also understand that I will not be written a prescription for Buprenorphine if I am taking benzodiazepines unless I have consulted a board certified addiction specialist or psychiatrist whom is certified in addiction medicine. I understand I will not get a prescription under any circumstances if I am positive for Methadone, Methamphetamine, or Benzodiazepines unless compliant with the requirements above.

Signature: _____

Printed Name: _____

Date: _____

Witness: _____

Patient Signature: _____



PATIENT RESPONSIBILITIES

I agree to store medication properly. Medication may be harmful to children, household members, guests, and pets. The pills should be stored in a safe place, out of the reach of children. If anyone besides the patients ingests the medication, the patient must call the Poison Control Center or 911 immediately.

I agree to take the medication only as prescribed. The indicated dose should be taken daily, and the patient must not adjust the dose on his/her own.

I agree to comply with the required pill counts and urine tests. Urine testing is a mandatory part of office maintenance. The patient must be prepared to give a urine sample for testing at each visit and to show the medication bottle for a pill count, including any reserve medication.

I agree to promptly make another appointment in case of a lost or stolen medication and I will bring a document to the office visit confirming that a police report has been made for the incident in question.

I agree to notify the office in case of relapse to drug use or abuse. An appropriate treatment plan must be developed as soon as possible. The physician should be informed of a relapse before it is revealed by random urine testing.

I agree to the guidelines of office operations. I understand the procedure for making appointments and cancellations. I have the phone number of this office and I understand the office hours. I understand that no medications will be prescribed by phone or on weekends. I understand that I am required to abide by these responsibilities in order to remain on the Buprenorphine treatment panel of this office. I understand that this treatment program does not provide medical or surgical care outside the scope of routine Buprenorphine maintenance.



TREATMENT FOLLOW-UP APPOINTMENT PROTOCOL

Follow up appointments will be at *least* **bi-weekly**.

The visits are focused on evaluating adherence and the possibility of relapse.

They may include:

- Random Pill counts
- Urine testing for drugs of abuse
- Psychotherapy
- Group Therapy
- Case Management
- An interim history of any new medical problems or social stressors
- Prescription of medication
- Buprenorphine will be prescribed during - office visits
- Medical appointments do not include evaluation or care for other problems

Dangerous behavior, relapse and relapse prevention.

The following behavior will be addressed with the patient to determine continued treatment, referral to higher level of care, and/or discharge/termination of services:

- **Missing appointments.** *No discharge prescription will be made to patients who miss appointment.*
- **Running out of medication too soon. Lost or stolen medication.** *We will not replace lost or stolen medications under any circumstances.*
- **Taking medication off schedule.** *All medication is to be taken once daily, under the tongue. Patient must retain medication and saliva in the mouth until completely dissolved. Once dissolved, the patient is to spit. Swallowing the saliva and medication leads to constipation and digestive discomfort. Remember, Buprenorphine is not absorbed through the intestine and you are not "wasting" the medication by spitting.*
- **Refusing urine testing**
- **Neglecting to mention new medication or outside treatment.** *Benzodiazepines are to be prescribed by a board certified Psychiatrist with an Addiction Medicine Sub-Specialty ONLY.*
- **Agitated behavior.** *Misconduct, verbal threats, inappropriate comments, and violence WILL result in discharge.*
- **Frequent or urgent inappropriate phone calls.** *Repeated calls are unacceptable. You are required to leave a voicemail after 2 attempts to reach the office without speaking to a staff member.*
- **Outbursts of anger.** *Immediate discharge and potential legal consequences will result.*
- **Non-payment of visit bills as agreed, missed appointments or cancellations within 24 hours of your appointment.** *Program fees are to be paid in full. Accommodations may be made for special circumstances.*



TREATMENT INFORMED CONSENT

Please read this information carefully. Buprenorphine (buprenorphine + naloxone) is an FDA approved medication for treatment of people with opioid (narcotic) dependence. It can be used for detoxification or for maintenance therapy when prescribed by qualified physicians.

Buprenorphine itself is a weak opioid and reverses actions of other opioids! It can cause a withdrawal reaction from standard opioids or methadone while at the same time having a mild opioid pain relieving effect from the Buprenorphine.

The use of Buprenorphine can result in physical dependence of the buprenorphine, but withdrawal is much milder and slower than with either opioids or methadone. If Buprenorphine is discontinued suddenly, you will have withdrawal symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opioid withdrawal, Buprenorphine may be discontinued gradually, usually over several weeks or more.

Because of its opioid-reversing effect, if you are dependent on opioids, **you should be in established opioid withdrawal when you take the first dose of Buprenorphine.** You must be off methadone for at least 24 hours or off of other opioids for at least 12 hours and showing signs of withdrawal before starting Buprenorphine. If you are not in withdrawal at the time of your first visit, you may **not** be given Buprenorphine, as it can cause severe opioid withdrawal while you are still experiencing the effect of other opioids. You will be given further instructions and a prescription for Buprenorphine that can be filled at the pharmacy of your choice.

Some patients find that it takes several days to get used to the transition to Buprenorphine from the opioid they had been using. After stabilized on Buprenorphine, other opioids will have virtually no effect. Attempts to override the Buprenorphine by taking more opioids could result in an opioid overdose. Do not take any other medication without discussing it with you physician first.

Combining Buprenorphine with alcohol or some other medications may also be hazardous. The combination of Buprenorphine with **any sedative**, such as alcohol, barbiturates or benzodiazepine medications such as Valium, Librium, Ativan, Xanax, Serax, or Klonopin has **resulted in deaths.**

The form of Buprenorphine given in this program is a combination of buprenorphine with a short-acting opioid blocker, naloxone. If the Buprenorphine tablet was dissolved and injected by someone taking opioid or another strong opioid it would cause severe opioid withdrawal.

Buprenorphine tablets must be held under the tongue, and film held on the tongue or in the mouth until completely dissolved. It is then absorbed from the tissue under the tongue and in the mouth (oral mucosa) over the following 30-120 minutes. If swallowed, Buprenorphine is not well absorbed from the stomach and the desired benefit will not be experienced.

We do not prescribe, under any circumstances, opioids, methadone, or sedatives for patients desiring maintenance or detoxification from opioids.

We also recommend that patient remain marijuana and alcohol-free. All Buprenorphine must be purchased at private pharmacies. We will not supply any Buprenorphine medications.



TREATMENT MAINTENANCE

Buprenorphine treatment may be discontinued for several reasons:

- Buprenorphine controls withdrawal symptoms and is an excellent maintenance treatment for many patients. If you are unable to stop your opioid abuse, or if you continue to feel like using opioids, even at the top doses of Buprenorphine, the doctor may discontinue treatment with Buprenorphine, or you may be required to enter into a higher level of addiction treatment, or you may be required to seek help elsewhere
- There are certain rules and patient agreements that are part of Buprenorphine treatment. All patients are required to read and acknowledge these agreements by signature upon admission to the treatment panel. If you do not abide by these agreements you may be discharged from the Buprenorphine treatment program.
- If appointments cannot be kept as agreed, your status as an active patient will be cancelled - no exceptions.
- Obviously, in the rare case of an allergic reaction to medication, Buprenorphine must be discontinued.
- Dangerous or inappropriate behavior that is disruptive to our BHSO or to other patients may result in your discharge from the Buprenorphine treatment program. This also includes patients who present in an intoxicated or impaired state or present themselves while on other opioids, alcohol, Valium, barbiturates, sedatives, or any mood altering substance or medication.
- In the case of dangerous, or intoxicated or impaired behavior, you may be subject to physical restraint or compelled to admission to a psychiatric or detoxification treatment unit. You may also be immediately, and summarily discharged from the program facility.



Agreement for Treatment with Buprenorphine

I understand that Buprenorphine is a medication to treat opioid addiction (for example: opioids, heroin, and prescription opioids such as oxycodone, hydrocodone, and methadone). Suboxone, Zubsolv, & Bunavail contain the opioid analgesic medication, buprenorphine, and the opioid 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 opioids will produce severe opioid withdrawal.

- Yes NO 1. I agree to keep appointments and let staff know if I will be unable to show up as scheduled with 24 hour notice.
- Yes NO 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.
- Yes NO 3. I agree to cooperate with urine drug testing (UDS) whenever requested by medical staff, to confirm if I have been using any alcohol, prescription drugs, or street drugs. If indicated, I will agree to same-sex witnessed urine drug testing. If in question, the UDS may require supervision.
- Yes NO 4. I have been informed that buprenorphine is an opioid 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 Buprenorphine after a period of regular use, I could experience symptoms of opioid withdrawal. I also understand that combining Buprenorphine with benzodiazepine (sedative or tranquilizer) medications (including but not limited to Valium, Klonopin, Ativan, Xanax, Librium, Serax) has been associated with severe adverse events and even death. I also understand that I should not drink alcohol with Buprenorphine since it could possibly interact with Buprenorphine to produce medical adverse events such as reduced breathing or impaired thinking. I agree not to use benzodiazepine medications or to drink alcohol while taking Buprenorphine and I understand that my doctor may end my treatment with buprenorphine if I violate this term of the treatment agreement.
- Yes NO 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 after taking Buprenorphine or any other opioid regularly could lead to sudden and severe opioid withdrawal.
- Yes NO 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 supplies of Buprenorphine.
- Yes NO 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 swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately and I will take the person to the doctor or hospital for treatment.



- Yes NO 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.
- Yes NO 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 opioid 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.
- Yes NO 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.
- Yes NO 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 orders can be properly communicated by to my pharmacy.
- Yes NO 12. 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 or after a dosage increase, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side effect of taking it.
- Yes NO 13. I understand that I may not be able to drive a car or operate any form of heavy machinery during the induction phase with buprenorphine because of possible psychomotor impairment that I may have during this induction phase. I will assume all responsibility for determining the method of my transportation to and from the treatment facility during my first days of taking Buprenorphine. I hereby vacate any and all responsibility for any transportation issues from the treating physician, facility and staff.
- Yes NO 14. I want to be in recovery from addiction to all drugs, and I have been informed that any active addiction to other drugs besides opioid and other opioids must be treated by counseling and other methods. I have been informed that buprenorphine, as found in Buprenorphine, is a treatment designed to treat opioid dependence, not addiction to other classes of drugs.
- Yes NO 15. I agree that medication management of addiction with buprenorphine, as found in Buprenorphine, is only one part of the treatment of my addiction, and I agree to participate in a regular program of professional counseling while being treated with Buprenorphine.
- Yes NO 16. I agree that professional counseling for addiction has the best results when patients also are open to support from peers who are also pursuing recovery.
- Yes NO 17. I agree to participate in a regular program of peer/self-help while being treated with Buprenorphine.
- Yes NO 18. 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.
- Yes NO 19. 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, to allow telephone, email, or face-to-face contact, as appropriate, between my treatment team, and 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.



1795 Alysheba Way, Suite 1001 Lexington, KY 40509

250 Foxglove Dr, Suite 1 Mt Sterling, KY 40353

Phone 859.687.0416 Fax 859.353.4200 email: info@essentialhealingiop.com

Yes NO 20. I agree that I will be open and honest with my counselors and inform staff about 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.

Yes NO 21. I have been given a copy of office procedures, including hours of operation, the office phone number, and responsibilities to me as a recipient of addiction treatment services, including buprenorphine treatment with Buprenorphine.

Patient Signature: _____

Date: _____

Staff Signature/Title: _____

Date: _____

Patient Signature: _____



Substance Use Disorder (SUD) Evaluation Initial Questionnaire for Treatment

Patient name: _____ Age: _____ Sex: Male Female

Identifying Information:

Emergency Contact(s) Information:

Name(s) and number(s)

Address: _____

Phone Number : _____

Occupation: _____

What specifically brings you to treatment:

*****Check all that apply:** *Pregnant _____ *HIV _____ *HEP C _____ *TB _____

Allergies: Yes No Please explain: _____

Opioid Use History :

Age of very First Use _____ Age it began to become a Problem for you _____

What is your Average Use _____ Route: Oral Nasal Injection

What has been your Maximal Use _____ Route: Oral Nasal Injection

Length of Continuous Use _____ Last Use _____

What are your current symptoms _____

What treatment have you had for opioid dependence? _____

Have you ever gotten pain or other prescription medicines other than from a doctor? _____

Was there ever a time in your life when you had a drug or alcohol problem? _____

Have you ever had a drug overdose? _____

Have you ever been arrested for selling drugs? _____

Patient Signature: _____



Have you ever received substance abuse treatment? If so, what were the dates and locations?

Physician/location: _____ Date: _____

Physician/location: _____ Date: _____

Other Substance Use History:

Alcohol (including beer, wine, hard liquor)

Sedatives (incl. benzodiazepines, barbiturates, Z-drugs)

Substance _____

Substance Name(s) _____

Very First use _____

Very First use _____

Beginning problem use _____

Beginning problem use _____

Recent average use _____

Recent average use _____

Highest-Maximal Use _____

Highest-Maximal Use _____

Last Use _____

Last Use _____

Stimulants (including cocaine, amphetamines)

Marijuana/Spice/Synthetic Marijuana

Substance _____

Substance Name(s) _____

Very First use _____

Very First use _____

Beginning problem use _____

Beginning problem use _____

Recent average use _____

Recent average use _____

Highest-Maximal Use _____

Highest-Maximal Use _____

Last Use _____

Last Use _____

Hallucinogens/LSD/Mushrooms

Inhalants (glues, anesthetics, etc)

Substance _____

Substance Name(s) _____

Very First use _____

Very First use _____

Beginning problem use _____

Beginning problem use _____

Recent average use _____

Recent average use _____

Highest-Maximal Use _____

Highest-Maximal Use _____

Last Use _____

Last Use _____

Patient Signature: _____



Club Drugs

Substance _____

Very First use _____

Beginning problem use _____

Recent average use _____

Highest-Maximal Use _____

Last Use _____

Bath Salts

Substance Name(s) _____

Very First use _____

Beginning problem use _____

Recent average use _____

Highest-Maximal Use _____

Last Use _____

Psychiatric and Substance Treatment History:

Inpatient Psychiatric: _____

Outpatient Psychiatric: _____

Inpatient Substance: _____

Outpatient Substance: _____

Please report any Psychiatric Conditions with which you may have been diagnosed:

(please check any appropriate disorders)

Attention Deficit Disorder _____ Obsessive Compulsive Disorder _____

Bipolar Disorder _____ Schizophrenia _____

Post-Traumatic Stress Disorder _____ Depression _____ Anxiety _____

Do you suffer from any visual or auditory hallucinations? Y N

(please explain) : _____

Do you suffer from Suicidal thoughts? Y N from Homicidal thoughts? Y N

(please explain) : _____

Do you have any Eating Disorder? Y N

(please explain) : _____

Do you suffer from a Personality Disorder? Y N

(please explain) : _____

Patient Signature: _____



Review of Systems: (please circle all that apply)

General: Recent weight loss recent weight gain weakness fatigue
night sweats fevers

Eyes: Double vision, blurred vision

Ears, nose, throat: Dry mouth hoarseness or other voice change difficulty swallowing

Respiratory: Cough sputum (color: _____ ; quantity _____)
shortness of breath at rest shortness of breath with activity

Cardiovascular: Heart trouble chest pain or discomfort palpitations
shortness of breath while lying flat swelling in legs or ankles

Gastrointestinal: Ulcer trouble swallowing heartburn change in appetite nausea
diarrhea constipation rectal bleeding or dark or tarry stools

Urinary: Increased frequency of urination incontinence
reduced caliber or force of urinary stream hesitancy dribbling

Musculoskeletal: Muscle or joint pain or stiffness joint pain redness swelling

Psychiatric: Anxiety depression changes in mood thoughts of suicide

Neurologic: Headaches dizziness vertigo fainting blackouts
seizures weakness paralysis numbness or loss of sensation
tingling or "pins and needles" tremors or other involuntary movements



Social and Occupational History:

Were you the victim of any abuse when you were growing up? _____

What is the highest level of education you have attained? _____

Current marital status (circle) single separated divorced widowed If divorced, how many times? _____

Are you currently employed outside the household? _____

If you are employed, what do you do? _____

If not employed, how long have you been out of work? _____

If not employed, how do you spend your day? _____

Are you on disability? _____

If not, have you applied or are you applying for disability? _____

Are you involved with Worker's Compensation? _____

Is there any active litigation (lawsuit) pending against an employer or individual related to an accident or injury? Y N

If yes, please explain _____

Are you having trouble keeping up with paying bills? If yes, please explain _____

Developmental History:

Where born/raised? _____

Family of origin information:

Father alive or dead age ____ occupation _____ divorced? _____

Mother alive or dead age ____ occupation _____ divorced? _____

Siblings alive or dead age ____ occupation _____ divorced? _____

 alive or dead age ____ occupation _____ divorced? _____

Children: son / daughter age ____ son / daughter age ____

 son / daughter age ____ son / daughter age ____

 son / daughter age ____ son / daughter age ____

Patient Signature: _____



Family History: (please note any psychiatric or substance-related issues in blood relatives)

Please report any positive findings for the following issues: (please circle any that apply)

Schizophrenia Bipolar Disorder Depression Anxiety Suicide or Suicide Attempt

In the following family members: (blood relatives only) () Mark if adopted and do not know

Paternal-Grandfather: _____

Paternal-Grandmother: _____

Maternal-Grandfather: _____

Maternal-Grandmother: _____

Father: _____

Mother: _____

Siblings: _____

Child or Children: _____

Do you have any family members who are in recovery? Yes No

If yes, what are their relationship(s) to you and for how long have they been in recovery?

Spiritual Beliefs:

Raised in Faith: _____

Current Practice: _____

Recovery Activities:

Meetings: _____

Sponsor: _____

Step Work: _____

Activities: _____

Patient Signature: _____



Legal Problems: (reports any and all legal issues including DUI - DWI)

Housing Problems: _____

Emotional Support: _____

What specific goals could you accomplish if opioid dependence treatment was successful?

1. _____

2. _____

3. _____

4. _____

5. _____

Routine urine specimens are a requirement. Are you able to comply with these? Yes No

Do you have any disabilities that make it hard for you to read labels or count pills? Yes No

What are your reasons for being interested in Buprenorphine treatment?

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

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

What plans do you have for the coming year?

Work: _____

Home: _____

Other: _____

Patient Signature: _____



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What are your strengths and skills to handle take-home Buprenorphine?

What worries do you have about extended take-home medications?

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 supportive to you during your treatment?

Would you be willing to sign a release so that the person(s) identified above can be spoken to regarding your treatment?

(Yes) (No)

What medical care will you have in the coming year?

How will you comply with the annual physical examination; periodic laboratory and frequent urine testing requirements?

Other things that you use to manage your pain include (circle all that apply):

- | | | | | |
|------------|-----------|-----------------------|-------------------|--------------|
| distracton | alcohol | relaxation techniques | meditation | hypnosis |
| massage | TENS unit | cold/warm compresses | chiropractic pain | psychologist |

Patient Signature: _____



1795 Alysheba Way, Suite 1001 Lexington, KY 40509

250 Foxglove Dr, Suite 1 Mt Sterling, KY 40353

Phone 859.687.0416 Fax 859.353.4200 email: info@essentialhealingiop.com

Current opioid (Chronic Opioid Agonist Therapy) treatment:

What opioid(s) are you currently using?

Medication	Dosage (mg)	Number of times per day	Route (PO, IM, IV, Patch)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- How much pain relief do they provide? 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- How much improvement in your function do they provide? 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- How much improvement in your mood do they provide? 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- How much improvement in energy do they provide? 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- Do you keep them in a safe place? Yes No 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Patient Signature: _____



INFORMATION FOR FAMILY MEMBERS

Family members of patients who have been prescribed Buprenorphine for treatment of addiction often have questions.

What is an opioid? Opioids are addictive opioids in the same family as opium and opioid. This includes many prescription pain medications such as Codeine, Vicodin, Demerol, Dilaudid, Morphine, Oxycontin, and Percodan, methadone, and Buprenorphine.

Why are opioids used to treat addiction? Many family members wonder why Buprenorphine is used to treat opioid addiction since it is in the same family as opioid. Isn't this substituting one addiction for another? Buprenorphine is not "just substitution". It is blocking the opioid sites in the body and preventing any response to any opioids taken.

What is the right dose of Buprenorphine? The "right" dose of Buprenorphine is the dose that prevents any response to opioids.

How can the family support treatment? Even though maintenance treatment for opioid addiction works very well, it is NOT a cure by itself. This means that the patient may continue to need the blocking opioid dose of Buprenorphine with regular monitoring by our office. This is similar to other chronic disease, such as diabetes, or asthma, which requires long term treatment. The best way to help support the patient is to encourage regular medical care and encourage the patient not to skip or forget to take medication. **It is our goal to encourage the patient to learn to live independent of Buprenorphine.** This will take counseling and time.

Regular Medical Care: Most patients will be required to see us for ongoing Buprenorphine treatment every two to four weeks once stabilized. If the patient misses an appointment s/he may not be able to refill the medication on time and may even go into withdrawal. The patient will be asked to bring the medication and prescription bottles / boxes to the office on regular visits.

Special Medical Care: Some patients may also need care for other medical problems, such as hepatitis or HIV (AIDS) disease. They will need to see other physicians for these illnesses. We will not provide HIV treatment in our organization. The patient will need to seek the assistance of specialists elsewhere for this problem.

Counseling: Patients who are recovering from addiction most often need counseling at some point in their care. We encourage and require patients to keep all appointments with their counselor or group therapy. These appointments are key parts of treatment and work together with the Buprenorphine program to improve success in addiction treatment. Sometimes family members may be asked to join in family therapy sessions, which also are geared to improve addiction care. It is our belief that successful withdrawal from opioid use will only come when there has first been a substantial change of heart and mind about a spiritual purpose in the patient's life.

Meetings: Most patients use some kind of recovery group to maintain sobriety. In the first year of recovery some patients go to meetings every day or several times per week. These meetings work toward improving success in treatment, in addition to taking Buprenorphine. Family members may have their own meetings, such as Al-Anon or ACA, to support them in adjusting to life with a loved one who has an addiction.

Taking the medication: Buprenorphine is unusual because it must be dissolved under the tongue in in the cheek, rather than swallowed. Please be aware that this takes a few minutes. While the medication is dissolving, the patient will not



be able to answer the phone, or the doorbell, or speak very easily. This means that the family will get used to the patient being “out of commission” for a few minutes whenever the regular dose is scheduled.

Storing the medication: If Buprenorphine is lost or misplaced, or should one skip doses, one may go into withdrawal. It is very important to find a good place to keep the medication safely at home, away from children or pets, and always in the same location so it can be easily found. To avoid confusion, it is best if the location of the Buprenorphine is NOT next to the vitamins, aspirin, or other over-the-counter medications. If a family member or visitor takes Buprenorphine by mistake, s/he should be checked by a physician immediately.

What does Buprenorphine treatment mean to the family? When chronic diseases progress untreated, they may lead to severe complications, which can lead to disability and death. Fortunately, Buprenorphine maintenance can be a successful treatment, especially if it is integrated with counseling and support for life changes that the patient has to make to remain clean and sober. Chronic disease means the disease is there every day, and may need to be treated for a long time. This takes time and attention away from other things and family members may resent the effort, time and money it takes for Buprenorphine treatment and counseling. It might help to compare addiction to other chronic diseases like diabetes, high blood pressure or asthma. After all, it takes time to make appointments to go the doctor for blood pressure checks and it may annoy the family if the food has to be low in cholesterol or unsalted. Most families can adjust to these changes when they consider that it may prevent a heart attack or stroke for their loved one. It is our hope that we can assist the patient in becoming drug free. Research is showing that some persons have more risk for becoming addicted than others, and that some of the risk is genetic. So, when one member develops opioid addiction, it means that other blood relatives should consider themselves at risk of developing addiction or alcoholism. It is especially important for young people to know they are especially at risk, even with alcohol, of becoming addicted. Sometimes when the patient improves and starts feeling “normal”, the family has to get used to the “new” person. The family interactions (sometimes called “family dynamics”) might have been all about trying to help this person in trouble. Now s/he is no longer in so much trouble. Some families can use some help themselves during this change and might ask for family therapy for a while.

In summary: Family support can be very helpful to patients on Buprenorphine treatment. It helps if the family members understand how addiction is a chronic disease that requires ongoing care and heart/spiritual change for it to be successful. In addition to understanding a little about how the medication works it is important for the family to also come to understand the spiritual side of this struggle. Often, the family members can greatly benefit from a change of heart as well.