



MAT Patient Chart Checklist

Patient Name			DOB				
Assessment:	N	Medical Records (d	ate requested)	:			
Labs Drawn:	Other:						
Labs Received:							
			Other:				
Discharge:			Other:				
Pregnant? If ye	s, due date	Emerge	ncy Contact:				
Allergies?	Hep C?	HIV?		TB?	Reported? YES NO		
Demographics							
Quality copy of	ID or License						
Quality copy of	Insurance card(s)						
Release of Info	rmation/Medical Record	s Authorization					
Medication Log	.						
Informed Conse	ent						
Agreement for	Treatment – Buprenorph	nine					
Initial Question	naire						
Medical Record	ds (Primary Care)						
Primary Care Pr	rovider			phor	ne		
OBGYN				phor	ne		
Previous Bupre	norphine Treatment Pro	vider (Transfer Let	ter from provid	der's office	e)		
Previous Provid	ler			pho	ne		
Referral 1							
2							



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:

Please write in your appointment times:

- 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

Assessment/Intake	Time	Date
Induction	Time	Date
Therapy	Time	Date
Therapy	Time	Date



NEW PATIENT INTRODUCTION

Essential Healing IOP is a Behavioral Health Services Organization (BHSO). We are <u>NOT</u> a "Buprenorphine" or "Suboxone" Clinic. We <u>DO</u> 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 <u>serious</u> 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 <u>must</u> 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. Reacceptance is not guaranteed.



Phone 859.687.0416

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.





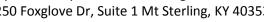
Phone 859.687.0416 Fax 859.353.4200 email: info@essentialhealingiop.com

MATERIALS CONFIRMATION

DOCUMENT	!	<u>INITIALS</u>
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 RE	TURN THIS FORM	
Agreement for Treatment with Buprenorphine (Pg 9-11) RE	TURN THIS FORM	
Initial Questionnaire for Buprenorphine Treatment (Pg 12-20) RE	TURN THIS FORM	
Questionnaire for Chronic Pain issues (as needed) (Pg 21) RE	TURN THIS FORM	
Information for Family Members (Pg 22-23)		
My signature affixed below and initials by the name of each individuand agree to the contents of each document and should I have any understand it is my responsibility to obtain medical records and/or a prior to my assessment visit. I am also required to bring any information of I am being monitored by DCBS. I also understand that I will not taking benzodiazepines unless I have consulted a board certified adaptication medicine. I understand I will not get a prescription under Methamphetamine, or Benzodiazepines unless compliant with the responsibility.	questions, I will ask one of my a transfer letter from my prev ation including court order, ca ot be written a prescription fo diction specialist or psychiatri any circumstances if I am posi	vilicensed providers. I vious medical provider use plan, and treatment or Buprenorphine if I am st whom is certified in
Signature:		
Printed Name:		
Date:		
Witness:		







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:

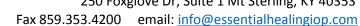
- Random Pill counts
- Urine testing for drugs of abuse
- Psychotherapy
- Group Therapy
- Case Management
- An interim history of any new medical problems or social stressors
- Prescription of medication
- Buprenorphine will be prescribed during office visits
- Medical appointments do not include evaluation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

Essential Healing

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 mediations 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.

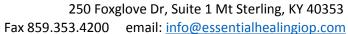
Buprenorphine tablets must be held under the tongue, and film held on the tongue or in the mouth until completely dissolved. It is then absorbed from the tissue under the tongue and in the mouth (oral mucosa) over the following 30-120 minutes. If swallowed, Buprenorphine is not well absorbed from the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

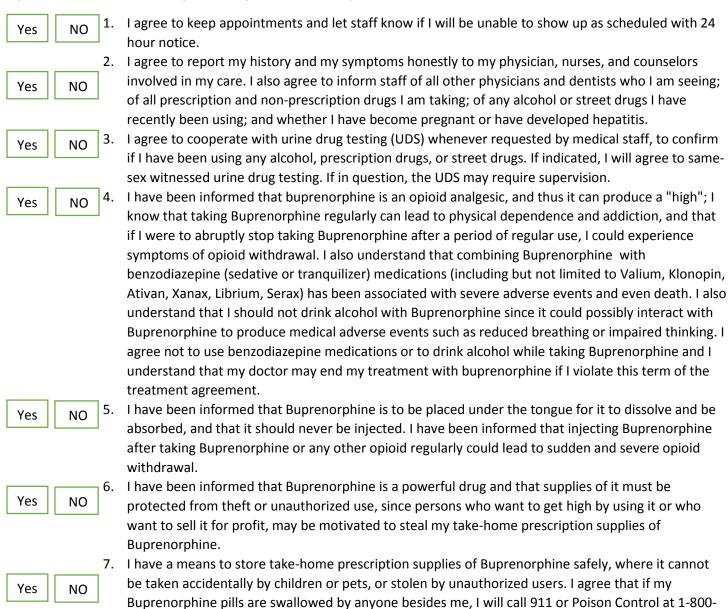
- Buprenorphine controls withdrawal symptoms and is an excellent maintenance treatment for many patients. If you are unable to stop your opioid abuse, or if you continue to feel like using opioids, even at the top doses of Buprenorphine, the doctor may discontinue treatment with Buprenorphine, or you 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.

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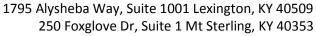


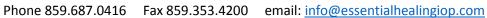
Agreement for Treatment with Buprenorphine

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 I (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.



222-1222 immediately and I will take the person to the doctor or hospital for treatment.





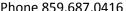


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Phone 859.687.0416 Fax 859.353.4200 email: info@essentialhealingiop.com

Yes	NO	 20. I agree that I will be open and honest with for relapse to the extent that I am aware occurred before a drug test result shows 21. I have been given a copy of office procedinumber, and responsibilities to me as a rebuprenorphine treatment with Buprenorphine 	of such, and specifically about a it. ures, including hours of operati ecipient of addiction treatment	any relapse which has
Patient	Signatu	re:	Date:	
Staff Sig	gnature/	Title:	Date:	





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Substance Use Disorder (SUD) Evaluation Initial Questionnaire for Treatment

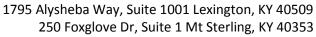
Patient name:	Age: Sex: Male Female				
Identifying Information:	Emergency Contact(s) Information: Name(s) and number(s)				
Address:					
Phone Number :					
Occupation:					
What specifically brings you to treatment:					
***Check all that apply: *Pregnant_	*HIV *HEP C *TB				
Allergies: Yes No Please 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 dependent	ce?				
Have you ever gotten pain or other prescription me	dicines other than from a doctor?				
Was there ever a time in your life when you had a d	lrug or alcohol problem?				
Have you ever had a drug overdose?					
Have you ever been arrested for selling drugs?					
Patient Signature:	12 Page V 2				

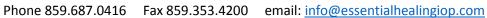


Have you ever received substance abuse treatment? I	f so, what were the dates and locations?
Physician/location:	Date:
Physician/location:	Date:
Other Substance Use History:	
Alcohol (including beer, wine, hard liquor) Sedati	ives (incl. benzodiazepines,barbiturates, Z-drugs)
Substance	Substance Name(s)
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
	43 5 1/3



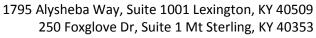
Club Drugs	Bath Salts	
Substance	Substance Name(s)	
Very First use	Very First use	
Beginning problem use	Beginning problem use	
Recent average use	Recent average use	
Highest-Maximal Use	Highest-Maximal Use	
Last Use	Last Use	
Psychiatric and Substance Treatment History:		
Inpatient Psychiatric:		
Outpatient Psychiatric:		
Inpatient Substance:		
Outpatient Substance:		
Please report any Psychiatric Conditions with	which you may have heen 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 hallud		
(please explain) :		
Do you suffer from Suicidal 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) :		
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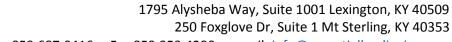
Past Surgical H	istory : (please li	st operations a	and dates	below)			
Current/Recen	t Medications:(please list med	ications/	doses be	low)		
Allergies, (place	so list allowains h						
	se list allergies b						
Past Medical H	listory: (please c	ircle anv condi	tions vou	suffer fr	om)		
Heart:	angina heart a	•	•		-	lood pressure	arrhythmia
Lungs:	pacemaker asthma emphy		lemental	oxygen	sleep	apnea CPA	ιP
CNS:	COPD seizure(s)	stroke head	ache diso	rder	head i		
GI:	ulcer gastriti	is liver	disease	cirrhos	sis	hepatitis A	
Blood:	anemia	bleeding dis	sickle		ase		
Endocrine:	thyroid disease	e diabe	etes				
Infectious:	HIV-AIDS	endocarditis	soft tis	ssue infe	ction(s)	osteomyelit	is
Musculoskeleta	al: arthriti	s fibro	myalgia	rheum	atoid	arthritis	
Chronic pain:	chronic pain iss	sues					







Review of Systems: (please circle all that apply)									
General:	Recent night sweats	weight loss fevers	recent weight gain	weakness	fatigue				
Eyes:	Double vision,	blurred vision							
Ears, nose, throat:	Dry mouth	hoarseness or o	other voice change	difficulty swallo	owing				
Respiratory:	Cough shortness of br		; quantity shortness of br) reath with activit	y.				
Cardiovascular:		chest pain or di eath while lying		palpitations swelling in legs	or ankles				
Gastrointestinal:	Ulcer diarrhea	trouble swallow constipation	-	change in appe or dark or tarry					
Urinary:	· · · · · · · · · · · · · · · · · · ·	uency of urination or force of uring		hesitancy dribb	oling				
Musculoskeletal:	Muscle or joint	pain or stiffness	joint pain	redness	swelling				
Psychiatric:	Anxiety	depression	changes in mod	od	thoughts of suicide				
Neurologic:	Headaches seizures tingling or "pin	dizziness weakness s and needles"	vertigo paralysis tremors or oth	fainting numbness or lo er involuntary m	blackouts oss of sensation ovements				





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Social and Od	ccupational Histor	y:							
Were you the	e victim of any abu	se wher	n you were g	rowing up?					
What is the h	ighest level of edu	cation y	ou have atta	nined?					
Current mari	tal status (circle)	single	separated	divorced	widowed	If divorced	, how many	times?	
Are you curre	ently employed ou	tside the	e household?	P					
If you are em	ployed, what do y	ou do?							
If not employ	red, how long have	you be	en out of wo	rk?					
If not employ	red, how do you sp	end you	ur day?						
Are you on di	isability?								
If not, have y	ou applied or are y	ou appl	lying for disa	bility?					
Are you invol	ved with Worker's	Compe	nsation?						
Is there any a	active litigation (lav	vsuit) pe	ending again	st an emplo	yer or indiv	idual related	I to an accid	lent or inju	ıry? Y N
If yes	s, please explain								
Are you havir	ng trouble keeping	up with	n paying bills?	? If yes, ple	ase explain				
Developmen	tal History:								
Where born/	raised?								
Family of orig	gin information:								
Father	alive or dead	age	_ occ	upation			divorced?		
Mother	alive or dead	age	_ occ	upation			divorced?	·	
Siblings	alive or dead	age	_ occ	upation			divorced?		
	alive or dead	age	_ occ	upation			divorced?		
Children:	son / daughter	age	_ son	/ daughter	age				
	son / daughter	age	_ son	/ daughter	age				
	son / daughter	age	_ son	/ daughter	age				



Family History: (please note any psy	/chiatric or substa	nce-related iss	sues in blood relatives)	
Please report any positive findings for	or the following is	sues: (please c	ircle any that apply)	
Schizophrenia Bipolar Disorder	Depression	Anxiety	Suicide or Suicide	Attempt
In the following family members: (bl	ood relatives only	') [] Ma	ork if adopted and do no	ot know
Paternal-Grandfather:				
Paternal-Grandmother:				
Maternal-Grandfather:				
Maternal-Grandmother:				
Father:				
Mother:				
Siblings:				
Child or Children:				
Do you have any family members wh	no are in recovery	? Yes No		
If yes, what are their relationship(s)	to you and for ho	w long have th	ey been in recovery?	
Spiritual Beliefs:				
Raised in Faith:				
Current Practice:				
Recovery Activities:				
Meetings:				
Sponsor:				
Step Work:				
Activities:				
				18 Page V2



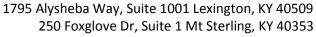
Legal Problems: (reports any and all legal issues including DUI - DWI)
Housing Problems:
Emotional Support:
What specific goals could you accomplish if opioid dependence treatment was successful?
1
2
3
4
5
Routine urine specimens are a requirement. Are you able to comply with these? Yes No
Do you have 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:

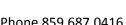


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What are your stre	ngths and skills to	handle take-home Buprenorph	ine?	
What worries do yo	ou have about ext	ended take-home medications?)	
Is anyone in your h	ome actively addi	cted to drugs or alcohol?		
What are the majo	r sources of stress	in your life?		
What family or sign	nificant others will	be supportive to you during yo	ur treatment?	
Would you be willing (Yes) (No) What medical care		e so that the person(s) identifiente the coming year?	d above can be spoken to	o regarding your treatment?
How will you comp requirements?	ly with the annual	physical examination; periodic	laboratory and frequent	urine testing
Other things that y	ou use to manage	your pain include (circle all tha	t apply):	hypnosis
massage Patient Sign	TENS unit	cold/warm compresses	chiropractic pain	psychologist 20 Page V 2





Phone 859.687.0416 Fax 859.353.4200 email: info@essentialhealingiop.com

Current opioid (Chronic Opioid Agonist Therapy) treatment:

What opioid(s) are	e you currently using?					
Medication	Dosage (mg)	Number of times per day		Route (PO, IM, IV	Route (PO, IM, IV, Patch)	
					_	
How much pain re	lief do they provide?		0% 10% 20% 30%	40% 50% 60% 70% 80%	6 90% 100%	
How much improvement in your function do they provide?			0% 10% 20% 30%	40% 50% 60% 70% 80%	6 90% 100%	
How much improvement in your mood do they provide?			0% 10% 20% 30%	40% 50% 60% 70% 80%	6 90% 100%	
How much improvement in energy do they provide?			0% 10% 20% 30%	40% 50% 60% 70% 80%	6 90% 100%	
Do you keep them	in a safe place? Yes No	0% 10% 20% 30%	40% 50% 60% 70% 80%	6 90% 100%		





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.

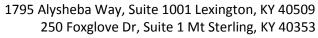
Regular Medical Care: Most patients will be required to see us for ongoing Buprenorphine treatment every two to four weeks once stabilized. If the patient misses an appointment s/he may not be able to refill the medication on time and may even go into withdrawal. The patient will be asked to bring the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





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Fax 859.353.4200 email: <u>info@essentialhealingiop.com</u>

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.