

Suboxone Intake Questionnaire

Feel free to attach any List(s)



Name: _____ Date of Birth ____/____/____

Reason for Visit: _____

What is your Drug of Choice? _____ When Did you first Use _____

How old were you when you first drank alcohol? _____ Pot? _____

Are you under a "Pain Contract"? _____ With who and where _____

Have you been in the ER for this Problem: _____ When and here _____

When and what did you last use? _____ Route? Mouth/ IV/Snorted? _____

What are your goals for today?

Please Circle any known Past Medical Conditions

Diabetes High-Blood-Pressure Angina Thyroid-Disease Asthma
 Depression/Anxiety Bipolar Disorder Sleep-Apnea Cancer Oxygen Use
 High Cholesterol/ High Lipids Stroke Pacer-Maker Insertion COPD
 Dependence-on-Habit-Forming-Drugs

Other Not Listed: _____

Do you have mental or physical health issues that effect your sobriety? _____

For when and for what your last Hospital Admission? _____

Have you had an inpatient psychiatric stay? _____

Have you been Treated for Drug or Alcohol issues Before? _____

Where and when? _____

Past Surgical History

Spinal Surgery? _____ when? _____ Are you Better, Worse or the Same

Head or Neck Surgery? _____ when? _____ Are you Better, Worse or the Same

Joint or other Surgeries? _____ Are you Better, Worse or the Same

Heart, Lung or Abd/Pelvic Surgery, _____

What exactly do you think Suboxone is going to do for you?

Do You currently have a drug counselor? _____

What is your ultimate plan for Sobriety? _____

What Medications do you take on a Regular Basis?

(Attach list if necessary)

Include use of any other over-the-counter or Herbal Remedies? _____

Have you had any period of incarceration (Prison/Jail)? Yes or No _____

When and where and for how long of time _____

Do you have any outstanding warrants for your arrest? _____

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Women: Most Recent Mamogram _____ Pap Smear _____ FDLMP _____

G P ,Are you currently or trying to become Pregmant? _____ BC _____

Men: Last PSA _____ Prostate Exam _____ Do you have BPH?

Check all that Apply, Dr Will review with you

_____ Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (such as repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; or neglect of children or household).

_____ Recurrent substance e use in situations in which it is physically hazardous (such as driving an automobile or operating a machine when impaired by substance use)

_____ Recurrent substance-related legal problems (such as arrests for substance related disorderly conduct)

_____ Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (for example, arguments with spouse about consequences of intoxication and physical fights).

Are you concerned about Your HIV or Hepatitis Status? _____ Have you shared needles? _____

Do you have a Family Doctor? _____ When was your last physical exam? _____

Do you or did you exercise regularly? _____ Plan to return? _____

Are you a smoker? _____ Chew/Snuff _____ Packs per day? _____

How many people are living in your home _____? Do you feel safe there? _____

How Many of them are struggling with substance abuse? _____

Are there any Common Medical Issues within Your Family Medical History?

Is your Mother living at age _____ or deceased from _____ -

Is your Father living at age _____ or deceased from _____ -

Do you have brother(s) _____ and/or Sister(s) _____.

Have they had issues with drugs and alcohol? _____

Are you prepared to change your cell phone number and delete the number of every person you have bought from, traded- with or used-with? _____ Do you foresee problems with this? _____

Patient Signature: _____ Date: _____/_____/_____