

# INITIAL PATIENT CONTACT ABOUT BUPRENORPHINE:

## **CHECKLIST**

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

### **REQUIREMENTS: (check if discussed with patient)**

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

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

### **PATIENT INFORMATION:**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS FOR MAIL:

\_\_\_\_\_  
\_\_\_\_\_

TEL: \_\_\_\_\_ home, \_\_\_\_\_ work

OK to leave message ? \_\_\_\_\_ Does phone require caller ID? \_\_\_\_\_

### **CONFIDENTIALITY: (check if discussed with patient)**

Patient confidentiality discussed

### **INSTRUCTIONS FOR INITIAL APPOINTMENT:**

*(check when discussed with patient)*

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

Appointment date and time \_\_\_\_\_ Mailed packet, date \_\_\_\_\_