

**PATIENT INTAKE: MEDICAL HISTORY**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Phone \_\_\_\_\_

Primary care physician \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever had an EKG? Y N Date \_\_\_\_\_

**Current or past medical conditions (check all that apply)**

- Asthma/respiratory       Cardiovascular (heart attack, high cholesterol, angina)
- Hypertension       Epilepsy or seizure disorder       GI disease
- Head trauma       HIV/AIDS       Diabetes
- Liver problems       Pancreatic problems       Thyroid disease
- STDs       Abnormal Pap smear       Nutritional Deficiency

Other (Please Describe)

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

If there is a family history of any of the illnesses listed above, **please put an “F” next to that illness.**

**MD NOTES**

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

Is there a family history of anything NOT listed here? (Please explain)

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**MD NOTES**

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Have you ever had surgery or been hospitalized? (Please describe)

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**MD NOTES**

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Childhood Illnesses

Measles    Y    N                      Mumps    Y    N                      Chicken Pox    Y    N

Have you or a family member ever been diagnosed with a **psychiatric or mental illness?**  
(Please describe)

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Have you ever taken or been prescribed **antidepressants?** (   ) N

If yes, for what reason

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Medication(s) and dates of use

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Why stopped

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Please list all current **prescription medications** and how often you take them (example: Dilantin 3x/day). **DO NOT** include medications you may be currently misusing (that information is needed later).

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Please list all current **herbal medicines, vitamin supplements**, etc. and how often you take them

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**MD NOTES**

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Please list any allergies you have (penicillin, bees, peanuts)

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**MD NOTES**

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**Tobacco History**

**Cigarettes:** Now? Y N In the past? Y N

How many per day on average? \_\_\_\_\_ For how many years? \_\_\_\_\_

**Pipe:** Now? Y N In the past? Y N

How often per day on average? \_\_\_\_\_ For how many years? \_\_\_\_\_

Have you ever been **treated for substance misuse?** ( ) N (Please describe when, where and for how long)

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How long have you been **using substances?** \_\_\_\_\_

### Substance Use History

	No	Yes/Past or Yes/Now	Route	How Much	How Often	Date/Time of Last Use	Quantity Last Used
Alcohol							
Caffeine (pills or beverages)							
Cocaine							
Crystal Meth- Amphetamine							
Heroin							
LSD or Hallucinogens							
Marijuana							
Methadone							
Pain Killers							
PCP							
Stimulants (pills)							
Tranquilizers/ Sleeping Pills							
Ecstasy							
Inhalants							
Other							

Did you ever stop using any of the above because of dependence? ( ) N (Please list)

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What was your longest period of abstinence?

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**PATIENT INTAKE: SOCIAL/FAMILY HISTORY**

(Circle one)      Married      Single      Long-term relationship      Divorced/Separated

Years married/in long-term relationship \_\_\_\_\_ Times Married \_\_\_\_\_ Times Divorced \_\_\_\_\_

Children ( ) N ( ) Y Current ages (list)

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Residing with you? ( ) N ( ) Y If no, where? \_\_\_\_\_

Where are you currently living? \_\_\_\_\_

Do you have family nearby? ( ) N (Please describe)

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Education (check most recent degree):

( ) Graduate School      ( ) College      ( ) Professional or Vocational School

( ) High School      Grade \_\_\_\_\_

Are you currently employed? ( ) N Where (if “no” where were you last employed?)

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What type of work do/did you do? \_\_\_\_\_

How long have/did you work(ed) there? \_\_\_\_\_

Have you ever been arrested or convicted? ( ) N

( ) DWI/DUI      ( ) Drug-related      ( ) Domestic violence      ( ) Other

Have you ever been abused? ( ) N

( ) Physically      ( ) Sexually (including rape or attempted rape)      ( ) Verbally

( ) Emotionally

Have you ever attended:

AA ( ) Current ( ) Past      NA ( ) Current ( ) Past      CA ( ) Current ( ) Past

ACOA ( ) Current ( ) Past      OA ( ) Current ( ) Past

If you are not currently attending meetings, what factors led you to stop?

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Have you ever been in counseling of therapy? ( ) N (Please describe)

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## EXPLANATION OF TREATMENT

### **Intake**

You will be given a comprehensive substance dependence assessment, as well as an evaluation of mental status and physical exam. The pros and cons of the medication, SUBOXONE, will be presented. Treatment expectations, as well as issues involved with maintenance versus medically supervised withdrawal will be discussed.

### **Induction**

You will be switched from your current opioid (heroin, methadone, or prescription painkillers) on to SUBOXONE. At the time of induction, you will be asked to provide a urine sample to confirm the presence of opioids and possible other drugs. You must arrive for the first visit experience mild to moderate opioid withdrawal symptoms. Arrangements will be made for you to receive your first dose shortly after your initial appointment. Your response to the initial dose will be monitored. You may receive additional medication, if necessary, to reduce your withdrawal symptoms.

Since an individual's tolerance and reaction to SUBOXONE vary, daily appointments may be scheduled and medications will be adjusted until you no longer experience withdrawal symptoms or cravings. Urine drug screening is typically required for all patients at every visit during this phase.

**Intake and Induction may both occur at the first visit, depending on your needs and your doctor's evaluation.**

### **Stabilization**

Once the appropriate dose of SUBOXONE is established, you will stay at this dose until steady blood levels are achieved. You and your doctor will discuss your treatment options from this point forward.

### **Maintenance**

Treatment compliance and progress will be monitored. Participation in some form of behavioral counseling is strongly recommended to ensure the best chance of treatment success. You are likely to have scheduled appointments on a weekly basis, however, if treatment progress is good and goals are met, monthly visits will eventually be considered sufficient. The Maintenance phase can last from weeks to years—the length of treatment will be determined by you and your doctor, and, possibly, your counselor. Your length of treatment may vary depending on your individual needs.

### **Medically Supervised Withdrawal**

As your treatment progresses, you and your doctor may eventually decide that medically supervised withdrawal is an appropriate option for you. In this phase, your doctor will gradually taper your SUBOXONE dose over time, taking care to see that you do not experience any withdrawal symptoms or cravings.

## EXPLANATION OF 1<sup>ST</sup> VISIT—No In-Office Supply

Your first visit is generally the longest, and may last anywhere from 1 to 4 hours.

When preparing for your 1<sup>st</sup> office visit, there are a couple of logistical issues you may want to consider.

- You may not want to return to work after your visit—this is very normal, so just plan accordingly.
- Because SUBOXONE can cause drowsiness and slow reaction times, particularly during the 1<sup>st</sup> few weeks of treatment, driving yourself home after the 1<sup>st</sup> visit is generally not recommended, so you may want to make arrangements for a ride home.



It is very important to arrive for your 1<sup>st</sup> visit already experiencing mild to moderate opioid withdrawal symptoms. If you are in withdrawal, buprenorphine will help lessen the symptoms. However, if you are not in withdrawal, buprenorphine will “override” the opioids already in your system, which will cause severe withdrawal symptoms.

The following guidelines are provided to ensure you are in withdrawal for the visit. (If this concerns you, it may help to schedule your first visit in the morning: some patients find it easiest to skip what would normally be their first dose of the day).

- No methadone or long-acting painkillers for at least 24 hours.
- No heroin or short-acting painkillers for at least 4 to 6 hours.

Bring ALL medication bottles with you to your 1<sup>st</sup> appointment.

Before you can be seen by the doctor, all of your paperwork must be completed, so bring all your completed forms with you or arrive about 30 minutes early. In addition, you will need to pay the doctor’s fees prior to treatment.

Urine drug screening is a regular feature of SUBOXONE therapy, because it provides physicians with important insights into your health and your treatment. Your 1<sup>st</sup> visit will include urine drug screening, and may also entail a Breathalyzer ® test and blood work. If you haven’t had a recent physical exam, your doctor may require one. To help ensure that SUBOXONE is the best treatment option for you, your doctor will perform a substance dependence assessment and mental status evaluation. Lastly, you and your doctor will discuss SUBOXONE and your expectations of treatment.

After this portion of your visit is completed, your doctor will give you a SUBOXONE prescription. You fill the prescription at the pharmacy and return to the doctor’s office so you can take the medication in a safe place where the medical staff can monitor your response.

Your response to the medication will be evaluated after 1 hour and possibly again after 2 hours. Once the doctor is comfortable with your response, you can schedule your next visit and go home. Your doctor may ask you to keep a record of any medications you take at home to control withdrawal symptoms. You will also receive instructions on how to contact your doctor in emergency, as well as additional information about treatment.

#### **CHECKLIST FOR 1<sup>st</sup> VISIT:**

- Arrive experiencing mild to moderate **opioid withdrawal** symptoms
- Arrive with a **full bladder**
- Bring completed **forms**
- Bring **ALL medication bottles**
- Fees due** at time of visit (cash, check or credit card)