

Name _____ Date _____

Telephone No. _____ Date of Birth _____

1. How long has the patient been using opioids?

List opioids or any other substance that the patient has misused, what quantity, what route, and for how long.

2. Does the patient have a history of substance abuse in his or her family? N Y

Family member(s) _____

3. Has the patient ever been treated for substance misuse? N Y

Experience _____

4. What is the patient's experience with withdrawal?

5. What is the patient's experience with relapse?

6. Comorbid medical or psychiatric conditions that may have contributed to opioid misuse? N Y

Condition _____

7. List current prescription medications taken under a physician's supervision and how often they are taken.

8. Does the patient have a support network (family, non-drug using friends, spouse, significant other, etc)? N Y**Educate the patient about:**

- Nature of the disease (Physical & behavioral components; chronic in nature)
- How SUBOXONE works
- Importance of counseling
- Moderate withdrawal in preparation for induction
- Treatment expectations
- Signed patient contract