



Retain This Form

SUBOXONE INSTRUCTIONS FOR INITIAL APPOINTMENT

1. Arrive early to complete paperwork.
2. Bring all pill bottles.
3. Bring valid photo ID.
4. Bring insurance card if insured.
5. A separate charge for screening lab tests may be billed to your insurance.
6. The initial appointment may last up to 2 hours with a return to the clinic within the first 2 days after the first dose of Suboxone is taken.
7. Fill your prescription at the pharmacy after the initial visit.

Prior to taking the initial dose of Suboxone® :

- 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 Suboxone®

Please write in your appointment times:

Appointment 01. Time _____ Date _____

Appointment 02. Time _____ Date _____

Appointment 03. Time _____ Date _____

SUBOXONE NEW PATIENT INTRODUCTION

- A. Our clinic restricts our treatment panel to a limited number of pre-qualified patients.
- B. Our program accepts only patients who are serious about overcoming opioid addiction.
- C. We DO NOT assume general medical care of Suboxone patients.
- D. Uninsured patients must adhere to strich cash payment policies.
- E. Privately insured patients should confirm coverage with their insurance carrier for treatment in advance prior to their first visit to our clinic. You may request a monthly/quarterly statement of services to submit to your insurance company for reimbursement.

STEP ONE

- Read the entire packet.
- Complete and Return the (3) required forms to our office before or at the time of your initial visit.
- You will be contacted by phone/email regarding your consultation.

STEP TWO

- Fill your prescription at the pharmacy
- Plan to begin taking Suboxone in an environment from which you will not need to travel, such as at home
- We recommend that you do not drive for at least 48-72 hours after beginning Suboxone use
- Plan not to drive for first few days after beginning Suboxone - do not drive until you feel completely comfortable to do so without any impairment
- Return to clinic within one to two weeks after initial Suboxone dosing, per physician plan.

STEP THREE

- Return for frequent follow-up visits per instructions
- Plan to schedule regular two week visits until stable dosing has been achieved
- Plan to schedule monthly maintenance visits thereafter.
Visits may be scheduled more frequently if there are adherence issues.
- Duration of treatment is individually determined by the patient but usually lasts for one year or more
- If a visit is missed, you may be required to reapply for acceptance into the program.
Re-acceptance is not guaranteed.

Directions:

DEARBORN, MI is located:

13530 Michigan Ave, Ground Floor, Dearborn, MI 48126

NE Corner of Michigan and Schaefer Road; across the street from Oakwood Midwest Medical Center in the Advanced Medical Center building.

- **Park in Rear** and enter through sliding door and make immediate left into the Multi-Specialty Clinic.

Phone: (313) 486-1030 for further driving instructions, or visit us online at www.huraibiPRI.com

13530 Michigan Ave., Dearborn, MI 48126

ph: (313) 486 -1030 - fax: (313) 731-1646

www.huraibiPRI.com

SUBOXONE 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. Suboxone® 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.

Suboxone® is a long acting opioid medication, which binds for a long time to the opioid receptor. Suboxone® 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.

Suboxone® has a “ceiling” which makes it safer in case of accidental overdose. In large doses, Suboxone® 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 Suboxone® for up to four weeks at a time.

Suboxone® is not equivalent in maintenance strength to methadone. In order to even try Suboxone® 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 Suboxone® by a “friend” and you are taking other opioids, the Suboxone® 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 Suboxone® 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 Suboxone® from methadone, your dose has to be at or below 30 mg per day.

There have been deaths reported when Suboxone® 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, Suboxone® is not a good treatment for you and should not be taken.

SUBOXONE MATERIALS CONFIRMATION

DOCUMENT	INITIALS
Suboxone Information for Patients	_____
Suboxone Patient Responsibilities	_____
Follow-up Appointment Protocol	_____
Suboxone Treatment Informed Consent	_____
Suboxone Treatment Maintenance	_____
Release of Medical Records Authorization	RETURN THIS FORM _____
Agreement for Treatment with Suboxone®	RETURN THIS FORM _____
Initial Questionnaire for Suboxone® Treatment	RETURN THIS FORM _____

My signature affixed below and initials by the name of each individually listed document, certifies that I fully understand and agree to the contents of each document and should I have any questions, I will ask my Buprenorphine provider.

Signature _____
Printed Name _____
Date _____

- Return:**
1. **Suboxone Materials Confirmation (*this form*)**
 2. **Release of Medical Records Authorization Agreement for Treatment with Suboxone**
 3. **Initial Questionnaire for Suboxone Treatment**

To: **HPRI - Suboxone Program**
13530 Michigan Ave., Grd Floor
Dearborn MI, 48126
phone: (313) 486 -1030
fax: (313) 731 - 1646
support: info@huraibiMDPLLC.com

You will be promptly notified of your consultation visit

SUBOXONE 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 clinic 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 clinic 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 clinic 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 Suboxone treatment panel of this office. I understand that this treatment program does not provide medical or surgical care outside the scope of routine Suboxone maintenance.

SUBOXONE TREATMENT FOLLOW-UP APPOINTMENT PROTOCOL

Follow up appointments will be *at least* monthly.

The visits are focused on evaluating adherence and the possibility of relapse.

They may include:

- Pill counts
- Urine testing for drug abuse
- An interim history of any new medical problems or social stressors
- Prescription of medication
- **Suboxone will be prescribed during clinic - office visits**
- 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 as soon as they are noticed:

- Missing appointments
 - Running out of medication too soon
 - Taking medication off schedule
 - Refusing urine testing
 - Neglecting to mention new medication or outside treatment
 - Agitated behavior
 - Frequent or urgent inappropriate phone calls
 - Outbursts of anger
 - Lost or stolen medication
 - Non-payment of visit bills as agreed, missed appointments or cancellations within 24 hours of your appointment
- **Treatment may be discontinued if these behaviors occur**

SUBOXONE TREATMENT INFORMED CONSENT

Please read this information carefully. Suboxone® (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.

Suboxone® 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 Suboxone®.

The use of Suboxone® can result in physical dependence of the buprenorphine, but withdrawal is much milder and slower than with either opioids or methadone. If Suboxone® 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, Suboxone® 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 Suboxone®**. 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 Suboxone®**. If you are not in withdrawal at the time of your first visit, you may **not** be given Suboxone®, 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 Suboxone® 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 Suboxone® from the opioid they had been using. After stabilized on Suboxone®, other opioids will have virtually no effect. Attempts to override the Suboxone® by taking more opioids could result in an opioid overdose. Do not take any other medication without discussing it with you physician first.

Combining Suboxone® with alcohol or some other medications may also be hazardous. The combination of Suboxone® with **any sedative**, such as alcohol, barbiturates or benzodiazepine medications such as Valium, Librium, Ativan, Xanax, Serax, or Klonopin has **resulted in deaths**.

The form of Suboxone® given in this program is a combination of *buprenorphine* with a short-acting opioid blocker, *naloxone*. If the Suboxone® tablet was dissolved and injected by someone taking opioid or another strong opioid it would cause severe opioid withdrawal.

Suboxone® 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, Suboxone® 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 alcohol-free.

All Suboxone® must be purchased at private pharmacies. We will not supply any Suboxone®.

SUBOXONE TREATMENT MAINTENANCE

Suboxone® treatment may be discontinued for several reasons:

- Suboxone 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 Suboxone, the doctor may discontinue treatment with Suboxone, 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 Suboxone 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 Suboxone 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, Suboxone must be discontinued.
- Dangerous or inappropriate behavior that is disruptive to our clinic or to other patients may result in your discharge from the Suboxone treatment clinic. This 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 clinic.

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION
HURAIBI PAIN & REHAB INSTITUTE, PLLC

**Fill and
Return**
Page 1 of 2

Directions: Type or Print all requested information, with exception of signatures on Page 2.

Individual's Name (Beneficiary, Recipient, Patient, Consumer, etc.)			Individual's ID Number (Medicaid, SSN, Other)
Street Address			Individual's Date of Birth / /
City	State	ZIP Code	Phone () -

I AUTHORIZE THE HURAIBI PAIN & REHAB INSTITUTE (HPRI) TO SHARE MY HEALTH INFORMATION: *List the amount or type of information you would like to share in the section below. For example, you can say all my health information or list certain types of information you would like to share.*

HPRI MAY SHARE MY HEALTH INFORMATION WITH THE FOLLOWING PERSON OR ORGANIZATION:

Name of Person/Organization

Street Address

City, State, ZIP Code

() - () -

Phone Number Fax Number

HPRI WILL SHARE MY HEALTH INFORMATION FOR THE FOLLOWING REASON:
For example, to discuss my health care benefits or at the request of the individual.

BY SIGNING THIS FORM, I UNDERSTAND THAT:

FILL & RETURN - Page 2 of 2

- I do not have to sign this authorization.
- My refusal to sign this authorization will not affect my ability to obtain treatment, payment for services, enrollment or eligibility for benefits.
- **Information regarding behavioral and mental health services, substance use disorder treatments, and communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV infection, Acquired Immune Deficiency Syndrome or AIDS related complex) may be shared if I initial here or if I list this type of information above _____.**
- If I authorize the release of substance use disorder treatment information, the recipient cannot re-disclose this information without my permission unless permitted under federal or state law.
- Other types of information shared under this authorization may be re-disclosed by the person or organization I identified above and may no longer be protected by federal or state law.
- I may change my mind and revoke (take back) this authorization at any time. To revoke this authorization, write to the HPRI program that maintains your records and include a copy of the front of this form.
- Information that has already been shared based on this authorization cannot be taken back.
- I may request a copy of this signed authorization. If I have not previously revoked this authorization, it will expire on: *(list a date, event or condition)*

Date, Event or Condition

(Authorization will expire one year from the signature date if you leave this section blank.)

Signature of Individual or Legal Representative	Date / /
Name of Individual or Legal Representative	
Legal Representative's Relationship to Individual (i.e., Parent, Guardian, Patient Advocate, Authorized Representative, Power of Attorney. Documentation may be required.)	

HPRI USE ONLY

This authorization was revoked:	
_____ Signature	_____ Date

AUTHORITY: This form is acceptable to the Michigan Department of Health and Human Services as compliant with HIPAA privacy regulations, 45CFR Parts 160 and 164 as modified August 14, 2002.

COMPLETION: Is voluntary, but required if disclosure is requested.

HURAIBI PAIN & REHAB INSTITUTE (HPRI) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

Agreement for Treatment with Suboxone (Buprenorphine/Naloxone)

I understand that Suboxone is a medication to treat opioid addiction (for example: opioid, prescription opioids such as oxycodone, hydrocodone, methadone). Suboxone contains the opioid analgesic medication, *buprenorphine*, and the opioid antagonist drug, *naloxone*, in a 4 to 1 (buprenorphine to naloxone) ratio. The naloxone is present in the tablet to prevent diversion to injected abuse of this medication. Injection of Suboxone® by a person who is addicted to opioids will produce severe opioid withdrawal.

- Yes No 1. I agree to keep appointments and let staff know if I will be unable to show up as scheduled.
- Yes No 2. I agree to report my history and my symptoms honestly to my physician, nurses, and counselors involved in my care. I also agree to inform staff of all other physicians and dentists who I am seeing; of all prescription and non-prescription drugs I am taking; of any alcohol or street drugs I have recently been using; and whether I have become pregnant or have developed hepatitis.
- Yes No 3. I agree to cooperate with urine drug testing (UDT) whenever requested by medical staff, to confirm if I have been using any alcohol, prescription drugs, or street drugs. If indicated, I will agree to same-sex witnessed urine drug testing. If in question, the UDT may require supervision.
- Yes No 4. I have been informed that buprenorphine is an opioid analgesic, and thus it can produce a "high"; I know that taking Suboxone regularly can lead to physical dependence and addiction, and that if I were to abruptly stop taking Suboxone after a period of regular use, I could experience symptoms of opioid withdrawal. I also understand that combining Suboxone with benzodiazepine (sedative or tranquilizer) medications (including but not limited to Valium, Klonopin, Ativan, Xanax, Librium, Serax) has been associated with severe adverse events and even death. I also understand that I should not drink alcohol with Suboxone since it could possibly interact with Suboxone to produce medical adverse events such as reduced breathing or impaired thinking. I agree not to use benzodiazepine medications or to drink alcohol while taking Suboxone and I understand that my doctor may end my treatment with buprenorphine if I violate this term of the treatment agreement.
- Yes No 5. I have been informed that Suboxone is to be placed under the tongue for it to dissolve and be absorbed, and that it should never be injected. I have been informed that injecting Suboxone after taking Suboxone or any other opioid regularly could lead to sudden and severe opioid withdrawal.
- Yes No 6. I have been informed that Suboxone is a powerful drug and that supplies of it must be protected from theft or unauthorized use, since persons who want to get high by using it or who want to sell it for profit, may be motivated to steal my take-home prescription supplies of Suboxone.
- Yes No 7. I have a means to store take-home prescription supplies of Suboxone safely, where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my Suboxone pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately and I will take the person to the doctor or hospital for treatment.
- Yes No 8. I agree that if my doctor recommends that my home supplies of Suboxone should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.
- Yes No 9. I will be careful with my take-home prescription supplies of Suboxone, and agree that I have been informed that if I report that my supplies have been lost or stolen, that

my doctors will not be requested or expected to provide me with make-up supplies. This means that if I run out of my medication supplies it could result in my experiencing symptoms of opioid withdrawal. Also, I agree that if there has been a theft of my medications, I will report this to the police and will bring a copy of the police report to my next visit.

- Yes No 10. I agree to bring my bottle of Suboxone in with me for every appointment with my doctor so that remaining supplies can be counted.
- Yes No 11. I agree to take my Suboxone as prescribed, to not skip doses, and that I will not adjust the dose without talking with my doctor about this so that changes in orders can be properly communicated by to my pharmacy.
- Yes No 12. I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days of taking Suboxone or after a dosage increase, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side effect of taking it.
- Yes No 13. I understand that I may not be able to drive a car or operate any form of heavy machinery during the induction phase with buprenorphine because of possible psychomotor impairment that I may have during this induction phase. I will assume all responsibility for determining the method of my transportation to and from the treatment facility during my first days of taking Suboxone. I hereby vacate any and all responsibility for any transportation issues from the treating physician, facility and staff.
- Yes No 14. I want to be in recovery from addiction to all drugs, and I have been informed that any active addiction to other drugs besides opioid and other opioids must be treated by counseling and other methods. I have been informed that buprenorphine, as found in Suboxone, is a treatment designed to treat opioid dependence, not addiction to other classes of drugs.
- Yes No 15. I agree that medication management of addiction with buprenorphine, as found in Suboxone, is only one part of the treatment of my addiction, and I agree to participate in a regular program of professional counseling while being treated with Suboxone.
- Yes No 16. I agree that professional counseling for addiction has the best results when patients also are open to support from peers who are also pursuing recovery.
- Yes No 17. I agree to participate in a regular program of peer/self-help while being treated with Suboxone.
- Yes No 18. I agree that the support of loved ones is an important part of recovery, and I agree to invite significant persons in my life to participate in my treatment.
- Yes No 19. I agree that a network of support, and communication among persons in that network, is an important part of my recovery. I will be asked for my authorization, to allow telephone, email, or face-to-face contact, as appropriate, between my treatment team, and outside parties, including physicians, therapists, probation and parole officers, and other parties, when the staff has decided that open communication about my case, on my behalf, is necessary.
- Yes No 20. I agree that I will be open and honest with my counselors and inform staff about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse which has occurred before a drug test result shows it.
- Yes No 21. I have been given a copy of clinic procedures, including hours of operation, the clinic phone number, and responsibilities to me as a recipient of addiction treatment services, including buprenorphine treatment with Suboxone.

Patient Signature: _____

Date: _____

Staff Signature/Title: _____

Date: _____

Substance Use Disorder Evaluation Initial Questionnaire for Suboxone Treatment

Patient name: _____

Age: _____

Identifying Information:

Emergency Contact(s) Information:

Name(s) and number(s)

Address: _____

Phone Number : _____

Occupation: _____

What specifically brings you to treatment :

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 dependence _____

Have you ever gotten pain or other prescription medicines other than from a doctor? _____

Was there ever a time in your life when you had a drug or alcohol problem? _____

Have you ever had a drug overdose? _____

Have you ever been arrested for selling drugs? _____

Have you ever received substance abuse treatment? If so, what were the dates and locations?

Other Substance Use History:

Alcohol (including beer, wine, hard liquor)

Substance _____
Very First use _____
Beginning problem use _____
Recent average use _____
Highest-Maximal Use _____
Last Use _____

Sedatives (incl. benzodiazepines, barbiturates, Z-drugs)

Substance Name(s) _____
Very First use _____
Beginning problem use _____
Recent average use _____
Highest-Maximal Use _____
Last Use _____

Stimulants (including cocaine, amphetamines)

Substance Name(s) _____
Very First use _____
Beginning problem use _____
Recent average use _____
Highest-Maximal Use _____
Last Use _____

Marijuana/Spice/Synthetic Marijuana

Substance Name(s) _____
Very First use _____
Beginning problem use _____
Recent average use _____
Highest-Maximal Use _____
Last Use _____

Hallucinogens/LSD/Mushrooms

Substance Name(s) _____
Very First use _____
Beginning problem use _____
Recent average use _____
Highest-Maximal Use _____
Last Use _____

Inhalants (glues, anesthetics, etc)

Substance Name(s) _____
Very First use _____
Beginning problem use _____
Recent average use _____
Highest-Maximal Use _____
Last Use _____

Club Drugs

Substance Name _____
Very First use _____
Recent average use _____
Highest-Maximal Use _____
Last Use _____

Bath Salts

Substance Name _____
Very First use _____
Recent average use _____
Highest-Maximal 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 been 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 hallucinations? Y N

(please explain) : _____

Do you suffer from Suicidal thoughts? Y N from Homicidal 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) : _____

Past Medical History: (please circle any conditions you suffer from)

Heart: angina heart attack congestive heart failure high blood pressure arrhythmia
pacemaker heart murmur other _____

Lungs: asthma emphysema supplemental oxygen sleep apnea CPAP
COPD other _____

CNS: seizure(s) stroke headache disorder head injury
other _____

GI: ulcer gastritis liver disease cirrhosis hepatitis A B C
other _____

Blood: anemia bleeding dis sickle cell disease
other _____

Endocrine: thyroid disease diabetes
other _____

Infectious: HIV-AIDS endocarditis soft tissue infection(s)
osteomyelitis other _____

Musculoskeletal: arthritis fibromyalgia rheumatoid arthritis
injury(ies) other _____

Chronic pain: chronic pain issues _____

Past Surgical History: (please list operations and dates below)

Medications:(please list medications/doses below)

Allergies: (please list allergies below)

Social and Occupational History:

Were you the victim of any abuse when you were growing up? _____

What is the highest level of education you have attained? _____

Current marital status (circle) single separated divorced widowed If divorced, how many times? _____

Are you currently employed outside the household? _____

If you are employed, what do you do? _____

If not employed, how long have you been out of work? _____

If not employed, how do you spend your day? _____

Are you on disability? _____

If not, have you applied or are you applying for disability? _____

Are you involved with Worker's Compensation? _____

Is there any active litigation (lawsuit) pending against an employer or individual related to an accident or injury? Y N

If yes, please explain _____

Are you having trouble keeping up with paying bills? If yes, please explain _____

Review of Systems: (please circle all that apply)

- General:** Recent weight loss, recent weight gain, weakness, fatigue, night sweats, fevers
- Eyes:** Double vision, blurred vision
- Ears, nose, throat:** Dry mouth, hoarseness or other voice change, difficulty swallowing
- Respiratory:** Cough, sputum (color: _____ ; quantity _____), shortness of breath at rest, shortness of breath with activity
- Cardiovascular:** Heart trouble, chest pain or discomfort, palpitations, shortness of breath while lying flat, swelling in legs or ankles
- Gastrointestinal:** Ulcer, trouble swallowing, heartburn, change in appetite, nausea, diarrhea, constipation, rectal bleeding or dark or tarry stools
- Urinary:** Increased frequency of urination, incontinence, reduced caliber or force of urinary stream, hesitancy, dribbling
- Musculoskeletal:** Muscle or joint pain or stiffness, joint pain, redness, swelling
- Psychiatric:** Anxiety, depression, changes in mood, thoughts of suicide
- Neurologic:** Headaches, dizziness, vertigo, fainting, blackouts, seizures, weakness, paralysis, numbness or loss of sensation, tingling or "pins and needles," tremors or other involuntary movements, seizures

Developmental History:

Where born/raised? _____

Family of origin information:

Father	alive or dead	age	_____	occupation	_____	divorced?	_____
Mother	alive or dead	age	_____	occupation	_____	divorced?	_____
Siblings	alive or dead	age	_____	occupation	_____	divorced?	_____
	alive or dead	age	_____	occupation	_____	divorced?	_____
Children:	son / daughter	age	_____	son / daughter	age	_____	
	son / daughter	age	_____	son / daughter	age	_____	
	son / daughter	age	_____	son / daughter	age	_____	

Spiritual Beliefs:

Raised in Faith: _____

Current Practice: _____

Recovery Activities:

Meetings: _____

Sponsor: _____

Step Work: _____

Activities: _____

Legal Problems: (reports any and all legal issues including DUI - DWI)

Housing Problems: _____

Emotional Support: _____

Family History: (please note any psychiatric or substance-related issues in blood relatives)

Please report any positive findings for the following issues: (please circle any that apply)

Schizophrenia Bipolar Disorder Depression Anxiety Suicide or Suicide Attempt

In the following family members: (blood relatives only) Mark if adopted and do not know

Paternal-Grandfather: _____

Paternal-Grandmother: _____

Maternal-Grandfather: _____

Maternal-Grandmother: _____

Father: _____

Mother: _____

Siblings: _____

Child or Children: _____

Do you have any family members who are in recovery? Y N

If yes, what are their relationship(s) to you and for how long have they been in recovery?

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? Y N

Do you have any disabilities that make it hard for you to read labels or count pills? Y N

What are your reasons for being interested in Suboxone 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 : _____

What are your strengths and skills to handle take-home Suboxone?

What worries do you have about extended take-home medications?

Is anyone in your home actively addicted to drugs or alcohol?

What are the major sources of stress in your life?

What family or significant others will be supportive to you during your treatment?

Would you be willing to sign a release so that the person(s) identified above can be spoken to regarding your treatment? Y N

What medical care will you have in the coming year?

How will you comply with the annual physical examination; periodic laboratory and frequent urine testing requirements?

INFORMATION FOR FAMILY MEMBERS

Family members of patients who have been prescribed Suboxone® 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 Suboxone.

Why are opioids used to treat addiction?

Many family members wonder why Suboxone is used to treat opioid addiction since it is in the same family as opioid. Isn't this substituting one addiction for another? Suboxone 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 Suboxone®?

The "right" dose of Suboxone 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 Suboxone with regular monitoring by our clinic. 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 Suboxone.** This will take counseling and time.

Regular Medical Care: Most patients will be required to see us for ongoing Suboxone 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 clinic. The patient will need to seek the assistance of specialists elsewhere for this problem.

Counseling: Patients who are recovering from addiction usually need counseling at some point in their care. We encourage patients to keep any other regular appointments with an individual counselor or group therapy. These appointments are key parts of treatment and work together with the Suboxone 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 God's 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 Suboxone®. 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: Suboxone® is unusual because it must be dissolved under the tongue, rather than swallowed. Please be aware that **this takes a few minutes**. While the medication is dissolving, the patient will not 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 Suboxone 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 Suboxone is NOT next to the vitamins, aspirin, or other over-the-counter medications. If a family member or visitor takes Suboxone by mistake, s/he should be checked by a physician immediately.

What does Suboxone treatment mean to the family?

When chronic diseases progress untreated, they may lead to severe complications, which can lead to disability and death. Fortunately, Suboxone 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 Suboxone 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 Suboxone® 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.