

Nursing Follow-up Visit

Visit type:

- Scheduled
- Call back
- Walk-in
- Random call back

Reason for visit: _____

Is the patient taking Suboxone as directed? Yes No

Current dose of Suboxone?

- 2mg 8mg 16mg 28mg
- 4mg 10mg 20mg 32mg
- 6mg 12mg 24mg Other

The patient's dose is:

- Stable
- Titrating up
- Tapering down

How often is patient taking Suboxone?

Single dose Divided dose Other: _____

If taking more than once a day, what is the reason?

- Sleep
- Habit
- Mentally feels better
- Increased anxiety with full dose
- Energy

Nursing Follow-up Visit

The patient is experiencing (check all that apply):

- Cravings
- Withdrawal symptoms
- Side effects
- Other: _____

Have there been any changes in medications since the last visit? Yes No

If yes, please list: _____

Does the patient have any active medical issues? Yes No

If yes, please list: _____

Is the patient pregnant at this time? Yes No

Is the patient using birth control? Yes No

If yes, please list: _____

Patient admits to opiate use denies opiate use

Has the patient used other illicit substances?

- Cocaine
- THC
- ETOH
- Prescribed controlled substance - reason for prescription:
- Patient denies all drug use
- Other: _____

Nursing Follow-up Visit

Comments: _____

Is the patient in counseling? Yes No

Counselor name: _____

How often is the patient going to counseling?

- Once a week
- Every other week
- Once a month
- Every 2-3 months
- Other: _____

Has the patient missed any counseling appointments? Yes No

What is the reason for the missed appointments? _____

Is the patient seeing a psychiatrist? Yes No

How often is the patient seeing a psychiatrist?

- Once a week
- Every other week
- Once a month
- Every 2-3 months
- Other: _____

Is the patient on medications for a mental health condition? Yes No

If yes, please list: _____

Nursing Follow-up Visit

Is the patient attending AA/NA meetings? Yes No

If yes, how many meetings each week?

1-2 week

3-4 week

5-6 week

Daily

Other: _____

Are there any changes in the patient's housing status? Yes No

Comments: _____

Are there any changes in the patient's contact information? _____

Recovery education/support conducted during this session? Yes No

Educated/supported the patient in:

Attending meetings

Attending counseling

Addiction behavior

Recovery issues

Relapse prevention

Relationship/family issues

Other: _____

Treatment plan reviewed: Yes No

Plan: UTS/Bupe Level Sent Yes No

Nursing Follow-up Visit

Other substances:

Oxycodone

Methadone

Other:

If yes: Observed Unobserved

If no:

Too soon after induction period

Patient admits to opioid use

Patient unable/refused to void

RTC: Scheduled Random call back

Comments: _____

