

Initial Patient Contact about Buprenorphine Checklist (for use by treatment program personnel who answer inquiries about **Buprenorphine/naloxone treatment)**

The following are required of patients who are admitted to a buprenorphine/naloxone treatment slot:		
Patient Infor	mation:	
Name:	DOB:	
Address:		
Phone (home):	Work:	
OK to leave me	essage?_YesNo	
Confidentiali	ty: (check if discussed with patient)	
	Patient confidentiality discussed	
INSTRUCTIO	NS FOR INITIAL APPOINTMENT: (check when discussed with patient)	
	Full bladder, will be urine drug tested Bring completed forms or come early Withdrawal, (if methadone, more than 24 hours since dose); heroin or short acting opioids at least 12 hours since last use; withdrawal symptoms must be observable by staff before induction can take place Bring ALL pill bottles Valid photo ID Will be breath tested for alcohol	

Appointment date and time: Mailed packet, date: