



BUPRENORPHINE PROGRAM FREQUENTLY ASKED QUESTIONS

Why do I have to feel sick to start the medication for it to work best?

When you take your first dose of Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal, if you already have high levels of another opioid in your system, the Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal will compete with those opioid molecules and replace them at the receptor sites. Because Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal has milder opioid effects than full agonist opioids, you may go into a rapid opioid withdrawal and feel sick, a condition which is called "precipitated withdrawal."

By already being in mild to moderate withdrawal when you take your first dose of Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal, the medication will make you feel noticeably better, not worse.

How does Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal work?

Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal binds to the same receptors as other opioid drugs. It mimics the effects of other opioids by alleviating cravings and withdrawal symptoms. This allows you to address the psychosocial reasons behind your opioid use.

When will I start to feel better?

Most patients feel a measurable improvement by 30 minutes, with the full effects clearly noticeable after about 1 hour.

How long will Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal last?

Responses to Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal will vary based on factors such as tolerance and metabolism so each patient's dosing is individualized. Your doctor may increase your dose of Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal during the first week to help keep you from feeling sick.

Can I go to work right after my first dose?

Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal can cause drowsiness and slow reaction times. The responses are more likely over the first few weeks of treatment, when your dose is being adjusted. During this time, your ability to drive, operate machinery, and play sports may be affected. Some people do go to work right after their first Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal dose; however, many people prefer to take the first and possibly the second day off until they feel better. If you are concerned about missing work, talk to your physician about possible ways to minimize the possibility of your taking time off. (e.g., scheduling your induction on a Friday).

Is it important to take my medication at the same time each day?

In order to make sure that you do not get sick, it is important to take your medication at the same time every day.

If I have more than one tablet, do I need to take them together at the same time?

Yes and No- you need to take your dose at one "sitting", but you do not necessarily need to fit all the tablets under your tongue simultaneously. Some people prefer to take their tablets this way because it's faster, but this may not be what works best for you. The most important thing is to be sure to take the full daily dose you were prescribed, so that your body maintains constant levels of Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal.

Why does Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal need to be placed under the tongue?

There are two large veins under your tongue (you can see them with a mirror). Placing the medication under your tongue allows Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal to be absorbed quickly and safely through these veins as the tablet dissolves. If you chew or swallow your medication, it will not be correctly absorbed as it is extensively metabolized by the liver. Similarly, if the medication is not allowed to dissolve completely, you won't receive the full effect.

Why can't I talk while the medication is dissolving under my tongue?

When you talk, you move your tongue, which lets the undissolved Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal "leak" out from underneath, thereby preventing it from being absorbed by the two veins. Entertaining yourself by reading or watching television while your medication dissolves can help the time pass more quickly.

Why does it sometimes only take 1 minute for Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal to dissolve and other times it takes much longer?

Generally, it takes 5-10 minutes for a tablet to dissolve and less than 1 minute for the film to dissolve. However, the other factors (e.g., the moisture of your mouth) can affect that time. Drinking something before you take your medication is a good way to help the tablet dissolve more quickly.

If I forget to take my Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal for a day will I feel sick?

Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal works best when taken every 24 hours; however, it may last longer than 24 hours, so you may not get sick. If you miss your dose, try to take it as soon as possible, unless it is almost time for your next dose. If it is almost time for your next dose, just skip the dose you forgot, and take next dose as prescribed. Do not take two doses at once unless directed to do so by your physician.

In the future, the best way to help yourself remember to take your medication is to start taking it at the same time that you perform a routine, daily activity, such as when you get dressed in the morning. This way, the daily activity will start to serve as a reminder to take your Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal.

What happens if I still feel sick after taking Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal?

There are some reasons why you may feel sick. You may not be taking the medication correctly or the dose may not be right for you. It is important to tell your doctor or nurse if you still feel sick.



BUPRENORPHINE PROGRAM FREQUENTLY ASKED QUESTIONS

What happens if I take drugs and then take Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal?

You will probably feel very sick and experience what is called "precipitated withdrawal." Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal competes with other opioids and will displace those opioids molecules from the receptors. Because Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal has less opioid effects than full agonist opioids, you will go into withdrawal and feel sick.

Why does Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal need to be placed under the tongue?

There are two large veins under your tongue (you can see them with a mirror). Placing the medication under your tongue allows Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal to be absorbed quickly and safely through these veins as the tablet dissolves. If you chew or swallow your medication, it will not be correctly absorbed as it is extensively metabolized by the liver. Similarly, if the medication is not allowed to dissolve completely, you won't receive the full effect.

Why can't I talk while the medication is dissolving under my tongue?

When you talk, you move your tongue, which lets the undissolved Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal "leak" out from underneath, thereby preventing it from being absorbed by the two veins. Entertaining yourself by reading or watching television while your medication dissolves can help the time pass more quickly.

Why does it sometimes only take 1 minute for Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal to dissolve and other times it takes much longer?

Generally, it takes 5-10 minutes for a tablet to dissolve and less than 1 minute for the film to dissolve. However, the other factors (e.g., the moisture of your mouth) can affect that time. Drinking something before you take your medication is a good way to help the tablet dissolve more quickly.

If I forget to take my Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal for a day will I feel sick?

Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal works best when taken every 24 hours; however, it may last longer than 24 hours, so you may not get sick. If you miss your dose, try to take it as soon as possible, unless it is almost time for your next dose. If it is almost time for your next dose, just skip the dose you forgot, and take next dose as prescribed. Do not take two doses at once unless directed to do so by your physician.

In the future, the best way to help yourself remember to take your medication is to start taking it at the same time that you perform a routine, daily activity, such as when you get dressed in the morning. This way, the daily activity will start to serve as a reminder to take your Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal.

What happens if I still feel sick after taking Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal?

There are some reasons why you may feel sick. You may not be taking the medication correctly or the dose may not be right for you. It is important to tell your doctor or nurse if you still feel sick.

What happens if I take drugs and then take Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal?

You will probably feel very sick and experience what is called "precipitated withdrawal." Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal competes with other opioids and will displace those opioids molecules from the receptors. Because Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal has less opioid effects than full agonist opioids, you will go into withdrawal and feel sick.

What happens if I take Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal and then take drugs?

As long as Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal is in the body, it will significantly reduce the effects of any other opioids used, because Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal will dominate the receptor sites and block other opioids from producing any effect.

What are the side effects of this medication?

Some of the most common side effects that patients experience are nausea, headache, constipation, and body aches and pains. However, most side effects seen with Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal appear during the first week or two of treatment, and then generally subside. If you are experiencing any side effects, be sure to talk about it with your doctor or nurse, as he/she can often treat those symptoms effectively until they abate on their own.



BUPRENORPHINE PROGRAM FAMILY FAQ

What is an opioid?

Opioids and opiates are synthetic and natural drugs that are related to drugs found in opium; many, such as heroin, are addictive narcotics. Many prescription pain medications are opioids, such as codeine, Vicodin (hydrocodone bitartrate and acetaminophen), Demerol (meperidine hydrochloride, USP), Dilaudid (hydromorphone), morphine, Oxycontin (oxycodone, hydrochloride controlled-release), and Percodan (oxycodone and aspirin tablets, USP). Methadone and buprenorphine are also opioids.

Why are opioids used to treat dependence?

Many family members wonder why doctors use buprenorphine to treat opioid dependence, since it is in the same family as heroin. Some of them ask, "isn't this substituting one addiction for another?" But the two medications used to treat opioid dependence—methadone and buprenorphine—are not "just substitution." Many medical studies since 1965 show that maintenance treatment helps keep patients healthier, keeps them from getting into legal troubles, and reduces the risk of getting diseases and infections that are transferred when needles are shared.

What is the right dose of Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal?

Dependence is a developed need to have the opioid receptors in the brain occupied by an opioid. Finding just the right amount of Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal to fill the receptors at the right rate is an important part of the induction process.

Every opioid can have a stimulating or sedating effect, especially in the first weeks of treatment. The right dose of Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal is the one that allows the patient to feel and act normally. It can sometimes take a few weeks to find the right dose. During the first few weeks the dose may be too high, or too low, which can lead to sickness, daytime sleepiness, or trouble sleeping at night. The patient may ask that family members help keep track of the timing of these symptoms, and write them down. The doctor can use all these clues to adjust the amount and time of day for buprenorphine doses.

Once the right dose is found, it is important to take it on time in a regular way, so the patient's body can maintain consistent medication levels to avoid experiencing withdrawal symptoms.

How can the family support good treatment?

Even though maintenance treatment for opioid dependence works very well, it is not a cure. This means that the patient will continue to need the stable dose of Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal, with regular monitoring by the doctor. This is similar to other chronic diseases, such as diabetes or asthma. These illnesses can be treated, but there is no permanent cure, so patients often stay on the same medication for a long time. The best way to help support the patient is to encourage regular medical care, encourage the patient not to skip or forget to take the medication and most importantly, encourage the patient to partake in regular counseling sessions or support groups.

What does Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal mean to the family?

It is hard for any family when a member finds out he or she has a chronic medical condition. This is true for opioid dependence as well. When chronic conditions go untreated, they have severe complications which could lead to permanent disability or even death. Fortunately, Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal maintenance can be a successful treatment, especially if it is integrated with counseling and support for life changes.

Chronic disease means the disease is there every day, and must be treated every day. This takes time and attention away from other things, and family members may resent the effort and time and money that it takes for Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal treatment and counseling. It might help to compare opioid dependence to other chronic diseases, like diabetes or high blood pressure checks, and it may annoy the family if the food has to be low in cholesterol, or unsalted. But most families can adjust to these changes, when they consider that it may prevent a heart attack or a stroke for their loved one. It is common for people to think of substance dependence as a weakness in character, instead of a disease. Perhaps the first few times the person used drugs it was poor judgement. However, by the time the patient became dependent, taking drugs every day, and needing medical treatment, it can be considered to be a "brain disease" rather than a problem with will power.

In Summary:

Family support can be very helpful to patients on Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal treatment. It helps the family members understand how dependence is a chronic disease that requires ongoing care. It also helps if the family gets to know a little about how treatment with Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal works, and how it should be stored at home to keep it safe. Family life might have to change to allow time and effort for the patient to become healthy again. Sometimes family members themselves can benefit from therapy.

*Vicodin and Dilaudid are registered trademarks of Knoll Pharmaceutical

*Demerol is a registered trademark of Sanofi-Synthelabo Inc.

*Oxycontin is a registered trademark of Perdue Pharma L.P.

*Percodan is a registered trademark of Endo Pharmaceuticals.



BUPRENORPHINE PROGRAM TREATMENT REQUIREMENTS

Regular medical care:

Most patients will be required to see the physician for ongoing Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal treatment every two to four weeks, once they are stable. If they miss an appointment, they may not be able to refill the medication on time, and may even go into withdrawal, which could be dangerous.

Counseling:

Most patients who have become dependent on opioids will need formal counseling at some point in their care. The patient may have regular appointments with an individual counselor, or for group therapy. These appointments are key parts of treatment, and work together with the Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal to improve success. Sometimes family members may be asked to join in family therapy sessions to provide additional support to the patient and information to the health care provider.

Support Groups:

Most patients use some kind of support group to maintain their healthy lifestyle. It sometimes takes several visits to different groups to find a comfortable environment. In the first year of recovery from opioid dependence, some patients go to meetings every day, or several times per week. These meetings work the Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal to improve the likelihood of a patient's treatment success. Family members may have their own meetings, such as Al-Anon, or Adult Children of Alcoholics (ACA), to support them in adjusting to life with a patient who has become dependent of opioids.

Taking the medication:

Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal is an unusual medication because it is best absorbed into the bloodstream when taken "sublingually" meaning the patient must hold the tablet under his or her tongue while the medicine dissolves (swallowing Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal actually reduces its effectiveness). Please be aware that this process takes about 5-10 minutes. While the medication is dissolving, the patient should not speak. It is very important that the family support the patient by understanding that she or he will be "out of commission" for those 5-10 minute intervals surrounding regular daily dosing times.

One way to support new Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal patients is by helping them make a habit of taking their dose at the same time every day. Tying dosing to a routine, everyday activity (e.g., getting dressed in the morning) is often one of the best ways to do this, because then the activity itself begins to serve as a reminder.

Storing the medication:

If Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal is lost or misplaced, the patient may skip doses or become ill. Therefore, 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. The doctor may give the patient a few "backup" pills, in a separate bottle, in case an appointment has to be rescheduled, or there is an emergency of some kind. It is best if the location of the Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal is not next to the vitamins, or the aspirin, or other over-the-counter medications, to avoid confusion. If a family member or visitor takes Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal by mistake, a physician should be contacted immediately.



BUPRENORPHINE PROGRAM UNDERSTANDING OPIOID DEPENDENCE

Opioid dependence is a disease in which there are biological or physical, psychological, and social changes. Some of the physical changes include the need for increasing amounts of opioid to produce the same effect, symptoms of withdrawal, feelings of craving, and changes in sleep patterns. Psychological components of opioid dependence include reliance on heroin or other drugs to help you cope with everyday problems or inability to feel good or celebrate without using heroin or opioids. The social components of opioid dependence include less frequent contact with important people in your life, and an inability to participate in important events due to drug use. In extreme cases, there may even be criminal and legal implications.

The hallmarks of opioid dependence are the continued use of drugs despite their negative effect, the need for increasing amounts of opioids to have the same effect and the development of withdrawal symptoms upon cessation.

There are a variety of factors that can contribute to the continued use of opioids. Among these are the use of heroin to escape from or cope with problems, the need to use increasing amounts of heroin to achieve the same effect, and the need for a high.

Treatment

Treatment for opioid dependence is best considered a long-term process. Recovery from opioid dependence is not an easy or painless process, as it involves changes in drug use and lifestyle, such as adopting new coping skills. Recovery can involve hard work, commitment, discipline, and a willingness to examine the effects of opioid dependence of your life. At first, it isn't unusual to feel impatient, angry, or frustrated.

The changes you need to make will depend on how opioid dependence has specifically affected your life. The following are some of the common areas or change to think about when developing your specific recovery plan:

- Physical- good nutrition, exercise, sleep, and relaxation.
- Emotional- learning to cope with the feelings, problems, stresses, and negative thinking without relying on opioids.
- Social- developing relationships with sober people, learning to resist pressures from others to use or misuse substances, and developing healthy social and leisure interests to occupy your time and give you a sense of satisfaction and pleasure.
- Family- examining the impact opioid dependence has had on your family, encouraging them to get involved in your treatment, mending relationships with family members, and working hard to have mutually satisfying relationships with family members.
- Spiritual- learning to listen to your inner voice for support and strength, and using that voice to guide you in developing renewed sense of purpose and meaning.

During the treatment process Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal will help you avoid many of all of the physical symptoms of opioid withdrawal. These typically include craving, restlessness, poor sleep, irritability, yawning, muscle cramps, runny nose, tearing, goose-flesh, nausea, vomiting, and diarrhea. Your doctor may prescribe other medications for you as necessary to help relieve these symptoms.

You should be careful not to respond to these withdrawal symptoms by losing patience with the treatment process and thinking that the symptoms can only be corrected by using drugs. To help you deal with the symptoms of withdrawal, you should try to set small goals and work towards them.



PATIENT DEMOGRAPHIC

NAME: _____ DOB: ____/____/____ SS#: ____-____-____

ALLERGIES: _____

Patient Address: _____ City/State/Zip: _____

Home: ____-____-____ Cell: ____-____-____ Work: ____-____-____

NAME OF PHARMACY & LOCATION: _____ PHONE#: ____-____-____

Tobacco Use: Y or N Please Circle: SMOKE / ORAL If YES, how long? _____ How many per day? _____

Alcohol Use: Y or N If YES, How long? _____ Consumption Level: _____ a: Day / Week / Month / Year

DIAGNOSIS

SELF MOTHER FATHER SIBLING

HIGH BLOOD PRESSURE				
CANCER				
THYROID				
LIVER DISEASE				
JAUNDICE				
GALL BLADDER				
URINARY TRACT INFECTION				
HEPATITIS				
PROSTATE				
ARTHRITIS				
ULCER				
HIV/AIDS				
HEART DISEASE				
LUNG DISEASE				
OTHER				

PERSONAL MEDICAL HISTORY:
(List all Surgeries, Etc. and Dates)

ADDITIONAL HEALTH INFORMATION:



PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check ALL that apply):

HOME Phone #: _____

- ☐ OK to leave a message with detailed information
- ☐ Leave message with provider name and call back number only

WRITTEN COMMUNICATION

- ☐ OK to mail to my home address
- ☐ OK to mail to my office address
- ☐ OK to fax to

Patient Name: _____

DOB: _____

Patient Signature: _____

Date: _____

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and request for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

NOTE: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

RECORDS OF DISCLOSURES (OFFICE USE ONLY)

1. Requested By: P = Patient, O = Other
2. Type Key: T = Treatment Records, P = Payment Information, O = Healthcare Operations
3. Enter how the disclosure was made: F = Fax, P = Phone, E = Email, M = Mail, PPU = Pt Picked Up, O = Other
4. Is a RECORD RELEASE required for this transaction: YES / NO

DATE	REQUESTED INFO & PURPOSE	(1)	DISCLOSED TO WHO (HIPAA?)	BY	(2)	(3)	(4)



CLINICAL OPIATE WITHDRAWAL SCALE

PATIENT NAME: _____ DOB: ____/____/____

DATE & TIME: _____ Reason for this assessment: _____

For each item, circle the number that best describes your condition. Rate on just the apparent relationship to opiate withdrawal.

Resting Pulse Rate: _____ beats/minute

Measured after patient is sitting or lying for one minute

0 pulse rate 80 or below

1 pulse rate 81-100

2 pulse rate 101 - 120

4 pulse rate greater than 120

GI Upset:

over last 1/2 hour 0 no GI symptoms

1 stomach cramps

2 nausea or loose stool

3 vomiting or diarrhea

5 multiple episodes of diarrhea or vomiting

Sweating:

over past 1/2 hour not accounted for by room temperature or patient activity.

0 no report of chills or flushing

1 subjective report of chills or flushing

2 flushed or observable moistness on face

3 beads of sweat on brow or face

4 sweat streaming off face

Tremor

observation of outstretched hands

0 no tremor

1 tremor can be felt, but not observed

2 slight tremor observable

4 gross tremor or muscle twitching

Restlessness

Observation during assessment

0 able to sit still

1 reports difficulty sitting still, but is able to do so

3 frequent shifting or extraneous movements of legs/arms

5 unable to sit still for more than a few seconds

Yawning

Observation during assessment

0 no yawning

1 yawning once or twice during assessment

2 yawning three or more times during assessment

4 yawning several times/minute

Pupil size

0 pupils pinned or normal size for room light

1 pupils possibly larger than normal for room light

2 pupils moderately dilated

5 pupils so dilated that only the rim of the iris is visible

Anxiety or Irritability

0 none

1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious

4 patient so irritable or anxious that participation in the assessment is difficult

Bone or Joint aches

if patient was having pain previously, only the additional component attributed to opiates withdrawal is scored

0 not present

1 mild diffuse discomfort

2 patient reports severe diffuse aching of joints/muscles

4 patient is rubbing joints or muscles and is unable to sit still because of discomfort

Gooseflesh skin

0 skin is smooth

3 piloerection of skin can be felt or hairs standing up on arms

5 prominent piloerection

Runny nose or tearing

Not accounted for by cold -symptoms or allergies

0 not present

1 nasal stuffiness or unusually moist eyes

2 nose running or tearing

4 nose constantly running or tears streaming down cheeks

Total Score

The total score is the sum of all 11 items

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____



BUPRENORPHINE PROGRAM DRUG ABUSE SCREENING TEST (DAST)

Have you used drugs other than those required for medical reasons?	Yes	No
Have you misused prescription drugs?	Yes	No
Do you misuse more than one drug at a time?	Yes	No
Can you get through the week without using drugs (other than those required for medical reasons)?	Yes	No
Are you always able to stop using drugs when you want to?	Yes	No
Do you try to limit your drug use to certain situations?	Yes	No
Have you had "blackouts" or "flashbacks" as a result of drug use?	Yes	No
Do you ever feel bad about your drug misuse?	Yes	No
Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
Do your friends or relatives know or suspect you misuse drugs?	Yes	No
Has drug misuse ever created problems between you and your spouse?	Yes	No
Has any family member ever sought help for problems related to your drug use?	Yes	No
Lost friends because of your use of drugs?	Yes	No
Neglected your family or missed work because of your use of drugs?	Yes	No
Been in trouble at work because of drug misuse?	Yes	No
Lost a job because of drug misuse?	Yes	No
Gotten into fights when under the influence of drugs?	Yes	No
Been arrested because of unusual behavior while under the influence of drugs?	Yes	No
Been arrested for driving while under the influence of drugs?	Yes	No
Been arrested for possession of illegal drugs?	Yes	No
Experienced withdrawal symptoms as a result of heavy drug intake?	Yes	No
Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?	Yes	No
Gone to anyone for help for drug problem?	Yes	No
Been in hospital for medical problems related to your drug use?	Yes	No
Been involved in a treatment program specifically related to drug use?	Yes	No
Been treated as an outpatient for problems related to drug dependence or misuse?	Yes	No

Patient Name: _____

DOB: _____

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____



BUPRENORPHINE PROGRAM BRIEF MICHIGAN ALCOHOL SCREENING (MAST)

Do you feel you are a normal drinker?	YES	0	NO	2
Do friends or relatives think you are a normal drinker?	YES	0	NO	2
Have you ever attended a meeting of Alcoholics Anonymous?	YES	5	NO	0
Have you ever lost friends or girlfriends/boyfriends because of your drinking?	YES	2	NO	0
Have you ever gotten into trouble at school or work because of drinking?	YES	2	NO	0
Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because you were drinking?	YES	2	NO	0
Have you ever had delirium tremens (DTs), severe shaking after heavy drinking or when you tried to quit drinking?	YES	2	NO	0
Have you ever gone to anyone for help about your drinking?	YES	2	NO	0
Have you ever been in a hospital because of your drinking?	YES	5	NO	0
Have you ever been arrested for drunk driving or driving after drinking?	YES	2	NO	0

Patient Name: _____

DOB: _____

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____

A score of "6" or greater is generally an indication of an alcohol problem.
Most of those who are alcohol dependent will score a "17" or above.



BUPRENORPHINE PROGRAM NARCOTICS AGREEMENT

- _____ I am aware that I have been prescribed a controlled medication. This means that there is a high potential for the medication to become addictive or abused.
- _____ These medications include but are not limited to: Buprenorphine HCl/naloxone HCl dihydrate sublingual tablet, film, or buccal
- _____ I must be seen every 28 days in order for this medication to be filled. If I miss this appointment the medication will not be filled until I am seen and will be prorated to the 28 day hybrid rotation.
- _____ I will not receive controlled medicine from another Physician/Practitioner, including ER Physicians.
- _____ If you miss your appointment and there is no notice given, you are considered discharged from the Program.
- _____ If my medicine is lost or stolen, it will not be replaced.
- _____ I will keep the medicine in a secure place and will lock up the medicine not being used at the time, and I will destroy any unused medicine.
- _____ I will not allow friends or family to take any of my medication. I realize that if I am found giving or selling even part of one pill, legal action may be taken against me, and I will be discharged.
- _____ The medicine will only be refilled at the end of 28 days.
- _____ This office will call pharmacies to make sure that I am not getting these medications from other physicians.
- _____ If I break any of these agreements, I will be discharged from the program (we will no longer continue to be your physician). We may also notify other physicians and take legal action, if necessary.
- _____ I agree to taper medication(s), as my physician requires/recommends. I commit to following new instructions, to support the tapering process.

Patient Name: _____

DOB: _____

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____



BUPRENORPHINE PROGRAM TREATMENT REQUIREMENTS

- _____ Please remember your appointment time. We pre-schedule your appointments each quarter to guarantee an opening and your availability the day you are due. If you do not pre-schedule or call at least a week in advance, this poses a risk of being seen timely in your 28 days.
- _____ You must call in advance to cancel/change your appointment. There is a \$100.00 "No Show" fee for anyone who does not call prior to appointment. This fee must be paid before next appointment.
- _____ Please inform the front office staff of any PHONE NUMBER CHANGES, INSURANCE, OR OTHER PERSONAL INFORMATION.
- _____ Our office operates by appointment only. PLEASE BE ON TIME FOR YOUR APPOINTMENT.
- _____ If medicine is lost or stolen, IT WILL NOT BE REPLACED.
- _____ You must be seen every 28 days to maintain program guidelines. Failing to do so can result in termination from the program.
- _____ NO CREDIT IS ALLOWED. Payment is due on the day of your appointment. We accept credit cards and cash.
- _____ Credit card holders must be present with ID to authorize transactions via online authorization form. There is a 3.99% service fee for all card payments. This fee cannot be adjusted by our office.
- _____ COME PREPARED TO TAKE A DRUG SCREEN. Please plan accordingly for your appointment time and possible wait time to take screening. Do not ask to go to the restroom while in the lobby. You will be placed in a patient room when it is prepared for you and only at that time will we take samples.
- _____ YOU WILL BE OBSERVED WHILE TAKING THE DRUG SCREEN.
- _____ I agree to taper medication(s), as my physician requires/recommends. I commit to following new instructions, to support the tapering process.
- _____ Informational cards will be given/discussed during your appointment.
- _____ At any given time, you may be asked to bring your prescription in for count. It is understood that I must report by said time, or risk being dismissed from the program.

Patient Name: _____

DOB: _____

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____



BUPRENORPHINE PROGRAM CONTROLLED SUBSTANCE TREATMENT PLAN

In addition to your narcotics agreement we need to work together to minimize any potential problems and decrease the controlled medicines to the minimum effective dose.

At least once every 6 months, in January and July, you will agree to a reduction of your medications. You will keep track of any ill effects and/or positive benefits during the reduction period. Your dose will then be adjusted accordingly.

Along with any controlled medicines, we must attempt other non-narcotic and non-pharmacological treatments. You understand that all narcotics are potentially both addictive and sedating. I know this is discussed and recorded monthly in our visits, however, I wanted to also include it in this paperwork with your signature.

The ultimate treatment objective is the minimum amount of medications over the minimum amount of time.

By signing below, you agree to the Controlled Substance Treatment Plan and will follow instructions accordingly. You will also track your reduction process and report back to Dr. Hoover.

Patient Name: _____

DOB: _____

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____



BUPRENORPHINE PROGRAM NARCOTICS POLICY

Thank you for coming to see me. I will treat you within my ability. There is only one true healer and he is above us. I want to make your life better. If it takes medicine, procedures, referrals or prayer, that's what I will do.

There are many things that I cannot improve. I will do my best to let you know what I can and cannot do.

In South Mississippi, a major problem is narcotic drug use. There are times when it is appropriate to use narcotics. As a new patient, we cannot and will not write narcotics. We will happily utilize pain management services if appropriate. Because of the problem in this area we also need you to sign this paper, stating that you understand we are happy to treat you, but not with narcotics.

Patient Name: _____

DOB: _____

Patient Signature: _____

Date _____

Provider Signature: _____

Date: _____