**Patient:** @NAME@

**MRN:** @MRN@

**Subjective:**

**Chief Complaint:**

Suboxone follow up

**History of Present Illness:**

@NAME@ is a(n) @AGE@ @SEX@ presenting today in follow up for opioid dependence and medication refill.

Current Rx: {SUBOXONE DOSE CHANGE}

Total daily dose: {SUBOXONE DAILY DOSE}

Amount/frequency: \*\*\*

Taking medication as prescribed? {YES / NO}

"Used" any illicit substances since last visit? {YES / NO}

Any cravings, withdrawals or side effects? {YES / NO}

Engaged in counseling? {YES / NO}

Meetings? {YES/NO}

[ ] Current Medication list reviewed. [ ] Past Medical History reviewed.

Comments:

@ROSBYAGE@

**Objective:**

@VITALSM@

@PHYSEXAMCOMPLETE@

**Diagnostic Studies:**

@BEACONLABS30@

**Assessment and Plan:**

1. Opioid Dependence on Agonist Therapy: {STABLE/UNSTABLE}. Last drug screen was { appropriate/inappropriate}. MassPAT was reviewed today and is {appropriate/inappropriate}.

@CMED@ current medications

@DCMED@ discontinued medications

@ORDERSENC@ orders for this encounter

@HMLIST@ health maintenance list

**Follow up:**

@FOLLOWUP@