Suboxone Nurse Progress Note

Patient: @NAME@

DOB: @DOB@

Date: @TODAYDATE@

Chief Complaint: Buprenorphine Refill

Treatment Phase: \*\*\*

Visit Type: {scheduled/call back/walk in/random call back}

Is @FNAME@ taking buprenorphine as directed? {Y/N}

Current Daily Dose is:

Visit Frequency:

How often is the patient taking buprenorphine? {daily/BID/other}

If taking more than once a day, what is the reason: {sleep/habit/mentally feels better/energy/other}

@FNAME@'s dose is: {dose}

Has @FNAME@ used other illicit substances? {Y/N} {Drugs involved}

Current Narcan Prescription ? {Y/N}

Is @NAME@ experiencing any cravings or withdrawals? {Y/N}

Is the patient engaged in counseling? {Y/N}

Location: \*\*\*

Counselor name: \*\*\*

How often is @FNAME@ going to counseling? {once a week/every other week/once a month/every 2-3 months/other}

Has the patient missed any counseling appointments? {Y/N}

Reason for missed appointments: \*\*\*

Is @FNAME@ seeing a psychiatrist? {Y/N}

Name of psychiatrist: \*\*\*

How often is the patient seeing a psychiatrist: {once a week/every other week/once a month/every 2-3 months/other}

Is @FNAME@ attending meetings? {Y/N}

What meetings does the patient attend? {AA/NA/smart recovery/other}

How many meetings does the patient attend each week? {daily/\*\*\* per day/\*\*\* per week/\*\*\* per month/\*\*\* per year/constant/other}

Are there any changes in the patient's housing status? {Y/N}

Comments: \*\*\*

Are there any changes in @FNAME@'s contact information? {Y/N}

 PMP appropriate, last oral/utox appropriate or inappropriate. Continues with BH, will F/U in \*\*\* weeks.

@NAME@ is aware they can call the clinic for earlier appointmentt should they feel it necessary.

Assessment: Opoid Type Dependence

Plan: Discussed @FNAME@ with physician for further assessment and plan. Please see physician note.

No External release of Medical Record,including Suboxone Nurse Progress note,via Care Everywhere (or HIE) unless additional patient authorization is obtained at point of care.

@ENCPROVNMTITLE@