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BUPRENORPHINE TREATMENT INTAKE HISTORY AND PHYSICA

NAME _____ DATE _____

Chief Complaint: _____

Opiate use history:

Yrs/mos of use _____ Route of Admin. _____ Current length of continuous use _____

Amount of current use _____ Last use date/time _____

Present symptoms _____

History of drug abuse treatment: _____

Medical history:

Allergies _____ Current meds _____

Medical/ psychiatric problems _____

Hospitalizations/surgery _____

Psychiatric treatment: _____

Hepatitis _____ SBE _____ HIV _____ TB _____ STD _____

(women) LMP _____ G _____ P _____ TAB _____ SAB _____ Contraception _____

ROS: _____

Other drug abuse history:

Cocaine/stimulant: _____ Current amount: _____ Mos/Yrs of Use: _____ Last Use: _____ Route: _____

Medical/Psychiatric Complications of Use: _____

Alcohol: Current amount: _____ Mos/Yrs of Use: _____ Last Use: _____

Medical/Psychiatric Complications of Use: _____

Benzodiazepines: _____ Current amount: _____ Mos/Yrs of Use: _____ Last Use: _____ Route: _____

Medical Complications of Use: _____

Marijuana: _____ Current amount: _____ Mos/Yrs of Use: _____ Last Use: _____ Medical/Psychiatric

Complications of Use: _____

Caffeine: Current use: _____ Mos/Yrs of Use: _____

Nicotine/cigarettes _____ Pack years _____

Nutrition history: _____

Routine screening history (pap, chol, TB, Hep Panel, HIV, ECG, Pregnancy test, etc.): _____

PHYSICAL EXAMINATION:

T ___ P ___ BP ___ R ___ WT. ___ HT ___ Gen. Appearance: ___

 HEENT: _____
 Thyroid/neck _____
 Heart _____
 Lungs _____
 Chest/breast _____

 ABD _____
 BACK _____
 Neuro _____
 Extrem _____
 Skin _____
 Tracks/scars _____

Patient Name: _____

Signs of Opioid Withdrawal:

Date/Time of Last Use: _____

Pupils _____	Piloerection _____	Vomiting _____	COWS score _____
Rhinorrhea _____	Increase temp. _____	Diarrhea _____	
Lacrimation _____	Increase BP _____	Myalgia/Joint Pain _____	
Perspiration _____	Tachycardia _____	Anxiety _____	

Screening Laboratory Results:

Urine Drug Screen Results: _____

Liver function Test Results: _____

Other Labs (CBC, chemistries): _____

Office-based opioid dependence treatment assessment:

Opioid Dependence ☐ Yes ☐ No
 ___ withdrawal: degree: ☐ none ☐ minimal ☐ moderate ☐ severe
 Other Diagnoses: _____

Initial Treatment Plan:**Screening for Appropriateness for Buprenorphine Treatment**

___ Laboratory testing: CBC, Chem Panel (ALT, AST, GGTP, Tot Bili, Alk Phos, Glc, BUN, Creatinine, Chol/Trig), Urine Drug Screen (expanded panel for opioids)

other: ___ Hepatitis Panel, ___ HIV antibody ___ Pregnancy Test (Urine/Serum), ___ ECG ___

___ Breathalyzer

___ TB test; placed date _____ to be read date _____

Initial Orders

___ admit to Buprenorphine maintenance/medical withdrawal treatment

Induction dose orders: _____

___ urine drug screen schedule _____

Counseling plans: _____

Next visit: _____

Maintenance Buprenorphine/Naloxone Dose: _____

Signed _____ Date _____