

# BUPRENORPHINE/NALOXONE MAINTENANCE TREATMENT INTAKE QUESTIONNAIRE FOR PATIENT TREATMENT-PLANNING QUESTIONS

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS WHICH WILL HELP US DESIGN YOUR PLAN OF TREATMENT:**

What Is The Best Time Of Day And Day Of The Week For You For Clinic Visits?

\_\_\_\_\_

Is There Any Months Out Of The Year When You May Have Difficulty Making It In For Appointments? \_\_\_\_\_

\_\_\_\_\_

Is There Any Problem That Makes It Hard For You To Give Routine Urine Specimens?

\_\_\_\_\_

Do You Have Any Disabilities That Make It Hard For You To Read Labels Or Count Pills?     YES     NO    \_\_\_\_\_

What Are Your Reasons For Being Interested In Buprenorphine/Naloxone Treatment?

\_\_\_\_\_

\_\_\_\_\_

What Triggers Do You Know Which Have Put You In Danger Of Relapse In The Past Or Which Might In The Future? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Coping Methods Have You Developed To Deal With These Triggers To Relapse?

\_\_\_\_\_

\_\_\_\_\_



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What Plans Do You Have For The Coming Year?

Work? \_\_\_\_\_

Home? \_\_\_\_\_

Other? \_\_\_\_\_

What Kinds Of Help Would You Like From Your Counselor? \_\_\_\_\_

\_\_\_\_\_

What Are Your Strengths And Skills To Handle Take-Home Buprenorphine/Naloxone (Suboxone)? \_\_\_\_\_

\_\_\_\_\_

What Worries Do You Have About Extended Take-Homes? \_\_\_\_\_

\_\_\_\_\_

Is Anyone In Your Home Actively Addicted To Drugs Or Alcohol  YES  NO?

\_\_\_\_\_

What Are The Major Sources Of Stress In Your Life? \_\_\_\_\_

\_\_\_\_\_

What Family Or Significant Other(s) Will Be Supportive To You During Your Treatment?

\_\_\_\_\_

Would You Be Willing To Sign A Release So That The Person(s) Identified Above Can Be Spoken To Regarding Your Treatment?  YES  NO \_\_\_\_\_

What Medical Care Will You Have In The Coming Year? \_\_\_\_\_

\_\_\_\_\_

How Will You Comply With The Annual Physical Examination, Laboratory And Urine Testing Requirements? \_\_\_\_\_

\_\_\_\_\_

Have You Ever Been Treated For A Psychiatric Problem Or Mental Illness Or Prescribe Psychiatric Medications? \_\_\_\_\_

\_\_\_\_\_



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