

MATHERS RECOVERY  
**BUPRENORPHINE/NALOXONE MAINTENANCE TREATMENT**  
**INTAKE QUESTIONNAIRE FOR PATIENT—TREATMENT-PLANNING QUESTIONS**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (please print)

**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? \_\_\_\_\_

What Plans Do You Have For The Coming Year?

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

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

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



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

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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