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? _____

MATHERS RECOVERY

Elgin: 420 Airport Rd, Ste C, Elgin, IL 60123 phone: 847.462.6099 fax: 847.628.6064
Fox Lake: 101 Towne Centre Ln, Fox Lake, IL 60020 phone: 224.908.3005 fax: 847.531.1296

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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? _____