

Reviewed and Last Updated: April 2024

Buprenorphine Checklist: Initial Patient Contact (for use by treatment program personnel who answer inquiries about buprenorphine treatment)

Requirements: (check when discussed with patient)

The following a	are required of patients who are admitted to a buprenorphine treatment slot:
Has opioid use disorder and is using opioids (heroin, prescription pills, or fentanyl) or current taking methadone (30 mg daily or less) for opioid use disorder Notified about initial long appointment, includes history and physical exam Notified of long appointment for first day of induction/initiation (for in-clinic inductions) Frequent (daily to weekly) follow-up visits at beginning of treatment At least every 2 weeks to monthly visits thereafter Requirement for random urine and breath testing Recommendation for regular attendance in group/individual behavioral treatment and/or 12-step recovery program (i.e. NA) Agrees to consent to talk to all other doctors and counselors Notified of policy regarding fees at time of visit and method of payment Notified that visits do not include cost of medication	
Patient Infor	mation:
Name:	DOB:
Address:	
Phone (home):	Work:
OK to leave me	essage?_YesNo Email:
Confidentiali	ty: (check when discussed with patient)
	Patient confidentiality discussed
INSTRUCTIO	NS FR INITIAL APPOINTMENT: (check when discussed with patient)
Appointment da	ate and time: Mailed packet, date: