

Psychiatry, Psychology, and Psychotherapy
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Affiliated Psychiatric Medical Group, Inc.

BUPRENORPHINE 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 A MONTHLY APPOINTMENT?

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?

WHAT ARE YOUR REASONS FOR BEING INTERESTED IN BUPRENORPHINE TREATMENT?

WHEN WAS THE LAST TIME YOU RELAPSED TO DRUG ABUSE?

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? _____

WHAT MEDICAL CARE WILL YOU HAVE IN THE COMING YEAR?

HOW WILL YOU COMPLY WITH THE ANNUAL EXAMINATION AND LABORATORY AND TB TESTING REQUIREMENTS? _____

WHAT KINDS OF HELP WOULD YOU LIKE FROM YOUR CLINIC COUNSELOR?

WHAT ARE YOUR STRENGTHS AND SKILLS TO HANDLE TAKE-HOME BUPRENORPHINE?

WHAT WORRIES DO YOU HAVE ABOUT EXTENDED TAKE-HOMES?

IS ANYONE IN YOUR HOME ACTIVELY ADDICTED TO DRUGS OR ALCOHOL? _____

WHAT ARE THE MAJOR SOURCES OF STRESS IN YOUR LIFE?

Consent for Treatment with Buprenorphine

Buprenorphine is an FDA approved medication for treatment of people with opiate dependence. Qualified physicians can treat up to 30 patients for opiate dependence. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary.

Buprenorphine itself is an opiate, but it is not as strong an opiate as heroin or morphine. Buprenorphine treatment can result in physical dependence of the opiate type. Buprenorphine withdrawal is generally less intense than with heroin or methadone. If buprenorphine is suddenly discontinued, some patients have no withdrawal symptoms; others have symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opiate withdrawal, buprenorphine should be discontinued gradually, usually over several weeks or more.

If you are dependent on opiates, you should be in as much withdrawal as possible when you take the first dose of buprenorphine. If you are not in withdrawal, buprenorphine can cause severe opiate withdrawal. For that reason, you should take the first dose in the office and remain in the office for at least 2 hours. After that, you will be given some tablets to take at home. Within a few days, you will have a prescription for buprenorphine that will be filled in a pharmacy.

Some patients find that it takes several days to get used to the transition from the opiate they had been using to buprenorphine. During that time, any use of other opiates may cause an increase in symptoms. After you become stabilized on buprenorphine, it is expected that other opiates will have less effect. Attempts to override the buprenorphine by taking more opiates could result in an opiate overdose. You should not take any other medication without discussing it with me first.

Combining buprenorphine with alcohol or some other medications may also be hazardous. The combination of buprenorphine with medication such as Valium, Librium, Ativan has resulted in deaths.

The form of buprenorphine (Suboxone) you will be taking is a combination of buprenorphine with a short-acting opiate blocker (Naloxone). If the Suboxone tablet were dissolved and injected by someone taking heroin or another strong opiate, it would cause severe opiate withdrawal.

Buprenorphine tables must be held under the tongue until they dissolve completely. Buprenorphine is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. Buprenorphine will not be absorbed from the stomach if it is swallowed.

Buprenorphine will cost \$5-10/day just for the medication. If you have medical insurance, you should find out whether or not buprenorphine is a benefit. In any case, my office fees must be kept current.

Alternatives to buprenorphine

Some hospitals that have specialized drug abuse treatment units can provide detoxification and intensive counseling for drug abuse. Some outpatient drug abuse treatment services also provide individual and group therapy, which may emphasize treatment that does not include maintenance on buprenorphine or other opiate like medications. Other forms of opiate maintenance therapy include methadone maintenance. Some opiate treatment programs use naltrexone, a medication that blocks the effects of opiates, but has no opiate effects of its own.

Date: _____

Print Name

Signature

BUPRENORPHINE MAINTENANCE TREATMENT

PATIENT RESPONSIBILITIES

_____ **The patient will agree to store medication properly.** Medication may be harmful to children, household members, guests, and pets. The pills should be stored in a safe place, out of reach of children. If anyone besides the patient ingests the medication, the patient must call the poison control center or 911 immediately.

_____ **The patient will agree to take the medication only as prescribed.** The indicated dose should be taken daily, and the patient must not adjust the dose on his or her own. If the patient wishes a dose change, he or she will call the clinic for an appointment to discuss this, and the physician can change the order.

_____ **The patient will agree to comply with the required pill counts and urine tests.** Urine testing is a mandatory part of office maintenance, and the patient must be prepared to give a urine sample for testing at each clinic visit, as well as to show the medication bottle for a pill count, including reserve medication.

_____ **The patient will agree to notify the clinic immediately in case of lost or stolen medication.** If a police report is filed, patient must bring in a copy for the record.

_____ **The patient will agree to notify the clinic immediately in case of relapse to drug abuse.** Relapse to opiate drug abuse can be life threatening, and an appropriate treatment plan has to be developed as soon as possible. The physician should be informed about a relapse before any urine test shows it.

_____ **The patient will review the description of office maintenance at this site.** This description includes the hours, the phone numbers, the procedure for making appointment, the fees, the relationship to the methadone maintenance program, the requirements for participation in office maintenance, and the clinic's responsibilities for patient care.

SIGNATURE _____ **DATED** _____

(Patient signature)

WITNESS _____ **DATED** _____

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CONSENT FOR RELEASE OF INFORMATION

I, _____, born on _____
(Patient name) (Patient birth date)

SSN _____, authorize _____ to
(Patient social security #) (Clinic or doctor's name)

Disclose to _____
(Name and location of person/ organization to receive information)

The following information: _____.

The purpose of this disclosure is: _____.

This authorization expires on: _____, or whenever

_____ is no longer providing me with services.

I understand that my records are protected under the Federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature of patient _____ Dated _____

Signature of witness _____ Dated _____

**ATTENTION RECIPIENT:
Notice Prohibiting Re-disclosure**

This information has been disclosed to you from the records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

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PROTOCOL for FOLLOW-UP APPOINTMENTS

Follow-up appointments will be at least twice monthly.

The activities at follow-up appointments are focused on evaluating adequacy of treatment and danger for relapse. They should include:

- Pill counts, including reserve tablets
- Urine testing for drugs of abuse and alcohol
- Prescription of medication
- An interim history of any new medical problems or social stressors

DANGEROUS BEHAVIOR, RELAPSE AND RELAPSE PREVENTION

The following behavior “red flags” will be addressed with the patient as soon as they are noticed:

- Missing appointments
- Running out of medication too soon
- Taking medication off schedule
- Not responding to phone calls
- Refusing urine or breath testing
- Neglecting to mention new medication or outside treatment
- Appearing intoxicated or disheveled in person or on the phone
- Frequent or urgent inappropriate phone calls
- Neglecting to mention change in address, job or home situation
- In appropriate outbursts of anger
- Lost or stolen medication
- Frequent physical injuries or auto accidents
- Non-payment of visit bills

These behaviors will be brought to the patient’s attention and he or she will be supported in making an appropriate response to them. Additional care or monitoring may or may not be indicated.

APMG BUPRINORPHEX CLINIC

Patient Flow Chart

This represents the procedure for buprenorphine induction and stabilization for detox from short or long-acting opioids.

Patient requests detox or is recommended for detox as part of his/her therapeutic prescription.

1. Complete telephone screen:

**If patient does not meet criteria (i.e. using more than 30mg of methadone)
_____????

**Patient meets initial criteria but wants more information.

- Send out info packet.
- Advise to schedule appointment with clinician for pre-induction assessment
- Must pay **\$325** at time of visit or for total detox.

**Patient meets criteria and accepts terms.

- Make appointment for pre-induction assessment.
- Send information packet and advise patient it must be returned prior to or at time of visit.
- Advise patient that full fee must be paid prior to or at time of visit. Must pay \$_____ if determined that does not qualify for detox.

2. Pre-induction Assessment Includes:

- Clinical review and medical history
- Physical Exam
- ECG if over 40 years old
- Labs Ordered or Evaluated
- Urine Drug Screen

***Recommended Criteria for Private Office Treatment

- Physically healthy
- History of responsible behaviors
- No pending legal charges
- Lower level of psychiatric disorders
- Able to store medication
- Limited criminal history

***Possible Exclusion Factors

- Dependent on alcohol
- Dependent on benzodiazepines
- Stimulant abusers
- Circle of addict-only friends
- Ambivalent about treatment

Cost of program: (Includes initial evaluation, physical exam, lab work, medication during detox and follow up visits) *all fees to be paid prior to or at time of service*

New patients:

Pre-induction costs:

(If you do not meet the criteria for Suboxone detox)

\$325 for initial evaluation, which will be applied as credit toward your detox payment

\$1250 for 5-day outpatient detox, which includes initial evaluation, medications, labs, medical history and physical exam, and follow-up visits

Established patients:

\$1000 for 5-day outpatient detox, which includes medications, labs, medical history and physical exam and follow-up visits

No refunds will be given and if extra medication or time is needed, client will be responsible for extra fees. (Weekly for one month, then twice monthly)

Patient must be seen daily and make own arrangements for housing and transportation. We expect that someone will be with them most of the time.