NURSING INTAKE

Provider Name: _____

Provider Signature: _____ **Date:** _____

Nursing Summary

Are you pregnant at this time?

- ☐ 1 = Yes
- ☐ 2 = No
- ☐ 3 = Don't know
- ☐ 4 = Tubal ligation
- ☐ 5 = Menopause
- ☐ 6 = History of hysterectomy
- ☐ 7 = Other: _____
- ☐ 8 = N/A patient is male

If no, are you on birth control?

- ☐ 1 = Yes
- ☐ 2 = No

If yes, which method of contraception are you currently utilizing? (check all that apply)

- ☐ 1 = Relying on male condoms
- ☐ 2 = Oral contraceptives
- ☐ 3 = Injection (e.g., Depo-Provera)
- ☐ 4 = Hormonal implant
- ☐ 5 = Intrauterine device/contraception (IUD or IUC)
- ☐ 6 = Vaginal ring
- ☐ 7 = Patch
- ☐ 8 = Female barrier method (e.g., diaphragm, female condom)
- ☐ 9 = Rhythm/Fertility Awareness Methods/Withdrawal
- ☐ 10 = Other: _____

SUBSTANCE USE HISTORY

	Age of initiation	Date of most recent use	Frequency	Route of administration	Amounts used
What is your substance of choice?	0 If never used	1 = 12 or more months ago (specify date) 2 = 3–11 months ago 3 = 1–2 months ago 4 = 1–3 weeks ago 5 = used this week	1 = less than 1 per month 2 = 1–3 times per month 3 = 1–2 times per week 4 = 3–6 times per week 5 = daily	1 = oral 2 = smoking 3 = intranasal 4 = intravenous injection 5 = skin popping 6 = other	
Opioid: ☐ Heroin ☐ Fentanyl ☐ Oxycodone product ☐ Buprenorphine ☐ Methadone ☐ Other opioid _____					
Benzodiazepines					
Alcohol					
Cocaine					
Amphetamines, including methamphetamine					
Tobacco/nicotine					
Other					

What substances are you currently using at this time? Include age of first use, last use, route, frequency, and quantity.

☐ 1 = Heroin
☐ 2 = Fentanyl
☐ 3 = Buprenorphine/naloxone
☐ 4 = Methadone
☐ 5 = Oxycodone product
☐ 6 = Other opioid: _____
☐ 7 = Cocaine
☐ 8 = Benzodiazepines
☐ 9 = Tobacco/nicotine
☐ 10 = Alcohol
☐ 11 = Amphetamines
☐ 12 = Other: _____
☐ 13 = Nothing

Have you ever overdosed?

☐ 1 = Yes
☐ 2 = No

Number of lifetime overdoses: _____

Have you ever been hospitalized due to an overdose?

☐ 1 = Yes
☐ 2 = No

Was naloxone administered?

☐ 1 = Yes
☐ 2 = No

How many times have you overdosed in the past year? _____

Was your most recent overdose an attempt to kill yourself?

☐ 1 = Yes
☐ 2 = No

Do you have any history of any other addictive behaviors such as?

☐ 1 = Gambling
☐ 2 = Sex
☐ 3 = Shopping
☐ 4 = Eating disorder (overeating, bulimia, anorexia)
☐ 5 = Other _____
☐ 6 = No

Comments:

PRIOR SUBSTANCE USE DISORDER TREATMENT HISTORY

Methadone:

Have you ever been on Methadone Maintenance?

☐ 1 = Yes
☐ 2 = No

When and where were you on Methadone Maintenance? _____

What was your dose? _____

Why did you stop Methadone treatment?

Are you currently on Methadone Maintenance?

☐ 1 = Yes
☐ 2 = No

What is your dose? _____

Where are you receiving services for your Methadone treatment? _____

What is the name of your counselor at your Methadone clinic? _____

Buprenorphine/naloxone: Have you ever been prescribed buprenorphine/naloxone (Suboxone, Zubsolv, etc.) before?

☐ 1 = Yes
☐ 2 = No

If yes, when were you on buprenorphine/naloxone? _____

What was your dose? _____

Why did you stop taking buprenorphine/naloxone? _____

Are you still on buprenorphine/naloxone?

☐ 1 = Yes
☐ 2 = No

If yes, where/who is prescribing your buprenorphine/naloxone? _____

What was your dose? _____

When did you receive your most recent prescription? _____

Naltrexone: Have you ever been prescribed naltrexone (Revia, Depade, Vivitrol) before?

☐ 1 = Yes
☐ 2 = No

If yes, when were you on naltrexone? _____

Have you ever received an extended-release naltrexone injection?

☐ 1 = Yes
☐ 2 = No

If yes, when was your most recent injection? _____

Why did you stop naltrexone treatment? _____

MENTAL HEALTH HISTORY

Have you ever been diagnosed with any of the following mental health conditions?

☐ 1 = Depression
☐ 2 = Anxiety
☐ 3 = Bipolar
☐ 4 = Schizophrenia
☐ 5 = Obsessive-Compulsive Disorder (OCD)
☐ 6 = Post-Traumatic Stress Disorder (PTSD)
☐ 7 = Attention-Deficit Disorder
☐ 8 = Panic Attacks
☐ 9 = Other: _____

Are you currently taking any medication for this/these problem(s)?

☐ 1 = Yes
☐ 2 = No

If yes, what medications are you taking?

HEALTH STATUS

Have you ever been diagnosed with any medical conditions? Mark all that apply.

☐ 1 = Diabetes (specify type): _____
☐ 2 = Heart disease (specify type): _____
☐ 3 = Cancer (specify type): _____
☐ 4 = Asthma
☐ 5 = Tuberculosis (TB)
☐ 6 = Endocarditis
☐ 7 = Skin infection
☐ 8 = HIV→ If yes, are you currently in care? ☐ 1 = Yes ☐ 2 = No
☐ 9 = Hepatitis A
☐ 10 = Hepatitis B → If yes, have you been treated? ☐ 1 = Yes ☐ 2 = No
☐ 11 = Hepatitis C → If yes, have you been treated? ☐ 1 = Yes ☐ 2 = No
☐ 12 = Seizure disorder → Are you on medications? ☐ 1 = Yes ☐ 2 = No
☐ 13 = Head Trauma/Brain Injury
☐ 14 = Pancreatic Problems
☐ 15 = Anoxic brain injury from overdose
☐ 16 = Other (specify type): _____
☐ 17 = None

PMH History

Current Medications

Allergies

Have you ever been tested for HIV?

☐ 1 = Yes
☐ 2 = No

If yes, what was the result of your most recent test?

☐ 1 = Positive
☐ 2 = Negative
☐ 3 = Don't Know

If yes, what was the date of your most recent test? _____

Have you been tested for Hepatitis C?

☐ 1 = Yes
☐ 2 = No

If yes, what was the result of your most recent test?

☐ 1 = Positive
☐ 2 = Negative
☐ 3 = Don't Know

If yes, what was the date of your most recent test? _____

Do you have any pending surgeries?

☐ 1 = Yes
☐ 2 = No

PAIN

Do you have chronic pain?

☐ 1 = Yes
☐ 2 = No

If yes, please explain:

Please rate your pain, on a scale from 0 to 10, WITHOUT any pain medications (by medications we mean any medications prescribed to you in addition to any medications not prescribed to you)

☐ 0	☐ 4	☐ 8
☐ 1	☐ 5	☐ 9
☐ 2	☐ 6	☐ 10
☐ 3	☐ 7	

Can you tell me what your goals are for treatment?

Check all appropriate boxes:

- ☐ OBAT program—reviewed with patient, including requirements to keep medical and OBAT appointments, urine toxicology screens, and possible random call-backs with medication counts. Patient is aware of their responsibility for their buprenorphine/naloxone medication. Patient was informed to keep medication in a safe undisclosed place, out of reach of children and visitors, and in a locked storage unit.
- ☐ OBAT consent and contract was read to and reviewed with the patient. Patient voluntarily signed and dated consent. A copy was given to the patient and the original was placed in the chart. Opportunity for questions was provided.
- ☐ Discussed buprenorphine/naloxone, reviewed medication, safe administration, storage, and potential side effects, including elevations in transaminases, potential lethal interaction with benzodiazepines and ETOH. Written information also was provided to patient. Patient verbalized understanding of information provided and wished to schedule induction phase time and date.
- ☐ Discussed naltrexone—reviewed potential side effects and adverse reactions, including injection site reactions, allergy, pneumonia, increased transaminases, depression, dizziness, opioid-blocking effects, and decreased opioid tolerance. Patients need to be opioid free for an extended period of time prior to administration to prevent precipitated or spontaneous withdrawal. Patients who are naltrexone-naive will begin with the tablet form of the medication to assess for side effects or adverse reactions. Written info was provided to patient. Patient verbalized understanding and wished to initiate naltrexone treatment.
- ☐ Contact numbers of medical providers and wallet-sized buprenorphine/naloxone information cards were given to patient. Patient was instructed to give these cards to family members or friends in case patient is ever hospitalized.
- ☐ Contact numbers of medical providers and wallet-sized naltrexone information cards were given to patient. Patient was instructed to give these cards to family members or friends in case patient is ever hospitalized. Patient also was provided with naltrexone medical identification: bracelet and/or dog tag.
- ☐ Patient has been informed that both buprenorphine/naloxone and naltrexone are Category C medications. Breastfeeding is a currently contraindicated during naltrexone treatment.
- ☐ Labs sent: complete blood count (CBC), Hepatitis A, B, and C serologies, comprehensive metabolic panel, HIV, human chorionic gonadotropin (hCG), urine toxicology screen.
- ☐ Overdose education was provided. Patient has been trained to use and has access to a naloxone rescue kit.

After completion, scan form into patient record and provide a copy to the patient.