

OPIOID USE DISORDER FOLLOW-UP VISIT FORM¹

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MEDICATIONS:

Methadone Buprenorphine SL Buprenorphine XR SRM

Other: _____

Dose: ____ mg

Take-home doses: _____ Missed doses: _____

Recent dose change: _____

Side effects (including sedation): _____

Opioid withdrawal: _____

Opioid cravings: _____

Issues with carries: _____

SUBSTANCE USE, PATTERN, AND ROUTE:

Alcohol: _____

Benzodiazepines: _____

Cannabis: _____

Opiates: _____

Stimulants: _____

Other: _____

PSYCHOLOGICAL ISSUES UPDATE (IF CHANGED SINCE LAST VISIT):

Mood: _____

Sleep: _____

Energy: _____

¹ Adapted from materials provided courtesy of Women’s College Hospital.

SOCIAL ISSUES UPDATE (IF CHANGED SINCE LAST VISIT):

Housing: _____

Employment: _____

Social support: _____

Driving: _____

Safety: _____

MEDICAL ISSUES UPDATE (including risks/management of STBBIs):

Counselling/clinical notes:

On examination: _____

Appearance: _____

Speech: _____

Affect: _____

Mental status: _____

Signs of withdrawal/sedation: _____

Other: _____

UDT RESULTS: _____

IMPRESSION: _____

PLAN:

Rx: _____ mg from _____ to _____

Carry doses: _____

TAKE-HOME DOSE SAFETY ISSUES DISCUSSED:

Yes No N/A

OTHER MEDICATIONS: _____

RESOURCES/SUPPORTS: _____

PHARMACY: _____

RETURN TO CLINIC: _____