



# New River Medical Group

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**Pulaski, VA 24301**

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## **Suboxone Program Pre-Treatment Screening**

### **Applicant Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

### **Applicant History:**

Are you currently taking Suboxone? ( ) Y ( ) N

If Yes, how long have you been taking Suboxone?

\_\_\_\_\_

If Yes, what dose are you currently taking?

\_\_\_\_\_

If Yes, how often (when) do you take Suboxone?

\_\_\_\_\_

If Yes, is this prescribed by a medical provider? (By Whom?)

\_\_\_\_\_

Have you taken Suboxone in the past? ( ) Y ( ) N

What medications or drugs are your currently taking? How much? How often?

\_\_\_\_\_

\_\_\_\_\_

Have you ever used drugs intravenously (IV)? ( ) Y ( ) N

Do you ever use Benzodiazepines (Xanax, Klonopin, Valium, Ativan), even occasionally? ( ) Y ( ) N

Have you ever been involved with inpatient or outpatient treatment or counseling? ( ) Y ( ) N  
If yes, what type and length of treatment or counseling and where?

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Is treatment or counseling still ongoing? If not, why?

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Are you willing to make changes to prevent/avoid relapse? Please describe.

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Do your family/friends know that you have a problem? ( ) Y ( ) N  
If they know, are they supportive? ( ) Y ( ) N  
Do you have a partner that uses drugs or alcohol? ( ) Y ( ) N  
Do you have a chronic pain issue that needs treatment? ( ) Y ( ) N  
If yes, please explain.

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Are you pregnant? ( ) Y ( ) N  
List any medical problems/conditions (diabetes, high blood pressure, migraines, depression, anxiety, etc.).

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Do you have any legal issues (charges pending, probation/parole, etc.)? ( ) Y ( ) N

NOTE: Suboxone treatment is for individuals who are either addicted to heroin or prescription opioids or currently taking methadone (dose of 30mg daily or less). We do not bill insurance for the Suboxone program. Payment will be expected at the time of the visit. The cost of an initial office visit is \$150 and \$75 for office visits thereafter. Prescriptions and urine drug screen costs are not included in the cost of treatment. Your initial office visit may be lengthy and you may need frequent visits at first.

If you are accepted into the Suboxone program, please come to your first appointment with a full bladder, bring all bottles of prescription medications, and a valid ID. If you are just starting treatment with Suboxone, you should make arrangements to have someone drive you and you must arrive at your first visit without using any opiates for at least 12 hours.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_