

St. Clair County Community Mental Health Authority

Suboxone Referral

NAME: _____ **CASE #:** _____ **DATE:** _____

CASEHOLDER: _____ **PROGRAM:** _____

	YES	NO	N/A
Dose this individual meet the criteria for Opioid Use Disorder?			
Is this individual seeking Suboxone for pain management?			
Is the individual taking any Methadone in a program or from the street?			
Was this individual ever treated in a Suboxone program by any physician at any time?			
<ul style="list-style-type: none"> If so; who, when and where? 			
Is this individual currently taking any Benzodiazepines (Valium, Ativan, Xanax, Klonopin) by prescription or from the streets?			
How often has this individual consumed Alcohol in the last 4 weeks?			
Does this individual have a Primary Care Physician?			
<ul style="list-style-type: none"> If so; is there a release in OASIS? 			
Date of individual's last physical exam?			
Date of individual's last lab work?			
Where was this lab work done?			
Are the reports in OASIS?			
Does this individual have a history of HIV? Last tested? Treatment status?			
Does this individual have a history of Hepatitis? Last tested? Treatment status?			
Does this individual have a history of Tuberculosis? Last tested? Treatment status?			
Does this individual have a history of Diabetes?			
Does this individual have a history of Hypertension (High blood pressure)?			
Does this individual have a history of seizures? If so, Last seizure occurred on:			
Does this individual have a history of malignancy (cancer) of any kind? Last tested?			
Does this individual have a history of Sexually Transmitted Diseases? Last tested?			
For females: Is this individual pregnant?			
<ul style="list-style-type: none"> If so: Duration of gestation? Expected date of delivery? 			

Please indicate individual's motivation, willingness or desire to participate in meeting the following requirements of the Suboxone program:

Is the individual committed to attend individual therapy session s for SUD regularly?			
Is the individual committed to attend group therapy sessions for SUD regularly?			
Is the individual committed to cooperate fully with Urine Drug Screen and Breathalyzer testing?			
Is the individual committed to random "film counts"			
Is the individual willing to give up Alcohol?			
Is the individual willing to go to a 3/4 house if recommended by the team?			
Is the individual attending any 12 Step Program for recovery?			
Does the individual have any plans to travel in the next 3 months?			
Does the individual plan to have any surgery done in the next 3 months?			