

ECFH Chart Note

Patient Name _____ Date of Birth _____

Date _____ CC _____

Medication Allergies _____

VS: Wt _____ HT _____ BMI _____ P _____ R _____ BP _____ LMP _____

Pain _____/10 Patient Ed _____ Nurse Sig. _____

HPI: Taking Suboxone 8 mg _____

Any cravings Y/N Any withdrawal sx Y/N Any side effects from Suboxone Y/N

Any opiate use Y/N Any use of other substances Y/N _____

Counseling Y/N _____ Groups Y/N _____ Method of birth control _____

PE:

Last urine drug screen: Date _____ Results _____

Last PMP screen: Date _____ Results _____

A/P: 1) Opiate dependence

RX: Suboxone 8mg # _____ Sig: _____

Labs/studies: ___ RUDS (___ + bupo ___ + oxycodone) ___ LFT's ___ Urine HCG

___ Other studies: _____

Referrals: ___ Counselor, _____ ___ NA/AA meeting ___ Psychiatrist _____

Other: _____

2) Other diagnoses and plans

RTC _____

Provider Sig _____

Suboxone Follow-up

Revised 10/09