

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:

PMH:

Med problems:

Psychiatric illness:

Tested for Hepatitis C Y/N Results _____

Meds:

Allergies:

Vaccines: Hep A Hep B

Contraception:

Habits: Tobacco _____

Alcohol _____

Drugs _____

Suboxone Start

Revised 12/07

Social History

Living situation _____

Sources of support _____

Groups or counseling _____

Work situation _____

Legal issues _____

PE:

COWS (if appropriate) _____

A/P: 1) Opiate dependence

RX: Suboxone 8mg # Sig:

Education: ___ Opiate replacement ___ Partial agonist/ceiling effect ___ No effect from opiates while on Suboxone ___ Will precipitate withdrawal ___ Must be in withdrawal to start
___ Will not treat other addictions ___ Must do counseling and/or meetings as adjunct ___ Need to attend appointments or won't get medicine ___ Lost or stolen medications will not be replaced ___ Can be dangerous if mixed with benzos ___ Needs to be taken sublingually ___ Agree to provide RUDS
___ Recommended to continue for 1 year ___ Need to avoid pregnancy/notify us if pregnant ___ Small risk of liver toxicity Other: _____

Labs/studies: ___ RUDS ___ HepBSAg ___ Hepatitis C ___ LFT's ___ Urine HCG ___ Other studies: _____

Referrals: ___ SBIRT counselor, _____ ___ Inpatient treatment _____
___ NA/AA meeting ___ Psychiatrist _____ ___ Other: _____

Vaccines: ___ Influenza ___ Hepatitis B ___ Hepatitis A

Payment Source for meds: ___ Insurance/Salud (Prior Authorization needed Y/N) ___ Grant
___ PAP ___ Private pay/other

2) Other diagnoses and plans

RTC _____

Provider Sig _____

____ See dictated note

Suboxone Start