**Buprenorphine Induction Tool**

Inmate Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  | Nursing notes/Self Report | Provider notes: Date:  |
| Date started on MAT prior:What type?What Provider/Clinic:Do you have a Primary MD: |  |  |
| Do you have an active Rule 25With whom? |  |  |
| Are you interested in starting buprenorphine? |  |  |
| Plans after release: Community, Prison, Treatment, sober housing, other:\_\_\_\_\_\_\_\_\_ |  |  |
| Prior treatments?Inpatient/outpatient |  |  |
| Have you had an overdose?From what?How many? Intentional? |  |  |
| IVDU? |  |  |
| Mental Health Dxs: none, anxiety, depression, PTSD, Schizophrenia, Bipolar, other |  |  |
| Mental Health Hospitalizations:When, how long, for what |  |  |
| Infections: HIV, Hep A, Hep B, Hep C, have you been treated for any of these? |  |  |
| Infections: Bone, HeartSTDS: Syphilis, gonorrhea, chlamydia, other |  |  |
| Contraception:What type: |  |  |
| Family hx of use:ETOH, Meth, opioids, Cocaine, other |  |  |

Nurse assisting with filling out:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Provider Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_