**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 25  With 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, Heart  STDS: 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\_\_\_\_\_\_\_\_\_\_\_\_