

APPLICATION FOR ADMISSION TO DENALI HEALTHCARE – ADDICTION MANAGEMENT CLINIC FOR BUPRENORPHINE (Suboxone) THERAPY

In order to be considered for admission to the Addiction Management Clinic for Buprenorphine (Suboxone) therapy at Denali HealthCare Center, you must first complete the enclosed application. This application includes:

1. Personal Data Form
2. Summary of Chemical Use
3. Releases of Information that will allow us to contact your physician/s and substance abuse treatment providers
4. Screening questionnaire
5. Program Requirements, Patient Responsibilities, Grounds for Discharge
6. Patient and Family Information
7. Return envelope (postage required)

Please be aware that we have a very limited number of patients that we can accept for treatment with Buprenorphine. Applications will be reviewed against established criteria to identify patients who are most likely able to benefit from treatment with Buprenorphine. **It is absolutely essential that you carefully and completely answer all questions.**

INCOMPLETE APPLICATIONS WILL AUTOMATICALLY BE REJECTED.

You can expect one of three possible responses within 2-4 weeks of our receipt of the application:

1. Invitation to meet with the physician for a medical exam and interview.
2. Letter notifying you that your application has been denied.
3. Notification that you have been placed on a waiting list.

The invitation to meet with the physician DOES NOT mean that you have been accepted into the program. The final determination for eligibility to receive treatment with Buprenorphine is made at the appointment with the physician. If you are accepted for admission and agree to all the program rules and expectations, you will be scheduled for a return appointment. Induction of treatment with Buprenorphine will take place at that time.

FEES / COSTS

Denali HealthCare **DOES NOT** accept public or private health insurance at this time. Patients will be expected to cover any and all costs. Payment is due at time of service(s). Check with your insurance carrier to determine if your policy covers the other costs associated with Buprenorphine treatment (e.g. prescription coverage, lab tests, counseling, etc.)

The initial appointment is \$360. Follow-up appointments are \$100 to \$200.

You can expect to be paying anywhere from \$16 to \$20 (or more, depending on dosage) per day for your Buprenorphine.

SCREENING QUESTIONNAIRE

Name (last, first, M.I.): _____ DOB: _____

Today's Date: _____

Mailing Address (street, city, state, zip): _____

10-Digit Home Phone #: _____

10-Digit Cell Phone #: _____

May we contact you by phone? YES No

May we leave a message? Yes No

Please answer the following questions: If enough space is not provided for your answer, attach additional pages or write on back.

1. Why are you interested in Buprenorphine treatment and what are your treatment goals?
 - a. To be clean & sober (off all drugs and alcohol)
 - b. To be clean from opiates/narcotics
 - c. Other (please describe your goal)

2. Are you currently using any illicit (illegal or non-prescribed) drugs or alcohol? If so, what are you using and how much?

3. Are you currently being prescribed Buprenorphine? Yes No
If yes, please contact the prescribing physician and request a copy of the initial assessment, last 3 progress notes, results of drug screens, and a letter of referral. Include these items with this application.

4. Have you ever been legally prescribed Buprenorphine? Yes No
If yes,
 - a. Name of physician: _____
 - b. Date(s) that you were prescribed Buprenorphine: (start & stop dates): _____
 - c. Reason for discontinuing: _____

5. Are you currently in a Methadone program? Yes No
If yes, please contact prescribing physician and request a copy of the initial assessment, last 3 progress notes, results of drug screens, and a letter of referral. Include these items with this application.
6. Are you currently being treated for any medical problems? Yes No
If yes, list medical problems and physician(s) providing treatment:
7. Are you enrolled in the Michigan Medical Marihuana Program? (We will treat pt.'s in the program)
a. Yes
b. No
c. I have applied, or plan to apply for enrollment
8. Are you currently being treated for any mental health or psychiatric problems?
a. Yes
b. No
If yes, what are you being treated for and who is providing treatment?
9. Please list all current prescribed medications and prescribing physician(s):
10. Females: Are you pregnant? Yes No Not Sure
11. Have you ever been told you have Hepatitis or that your liver enzymes are elevated?
a. Yes
b. No
12. Are you currently in substance abuse counseling? Yes No
If yes, please provide the name of substance abuse counselor and agency. Contact your substance abuse counselor and request a copy of your assessment and a letter of referral. Include these items with this application.
13. Is anyone in your home actively addicted to alcohol/drugs? Yes No
If yes, who?
14. What supports do you have for your recovery?

15. Is there any additional information that you would like us to know in consideration of your application?
 (use separate sheet of paper or write on back if necessary.)

DRUG ABUSE SCREENING TEST (DAST-10), DRUG USE QUESTIONNAIRE

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is “Yes” or “No.” Then check the appropriate response beside the question.

In the following statements “drug abuse” refers to:

- The use of prescribed or over-the-counter drugs in excess of the directions, and
- Any nonmedical use of drugs.
- The various classes of drugs may include cannabis (e.g. marijuana, hashish), solvents (e.g. paint thinner), tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. lysergic acid diethylamide [LSD]), or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

PLEASE ANSWER EVERY QUESTION. IF YOU HAVE DIFFICULTY WITH A QUESTION, THEN CHOOSE THE RESPONSE THAT IS MOSTLY RIGHT.

These questions refer to the past 12 months

Have you used drugs other than those required for medical reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you abuse more than one drug at a time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you always able to stop using drugs when you want to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had blackouts or flashbacks as a result of drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you ever feel bad or guilty about your drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your spouse (or parents) ever complain about your involvement with drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you neglected your family because of your use of drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PROGRAM REQUIREMENTS

Please initial next to each item, indicating your understanding and agreement.

1. Attendance at all scheduled appointments. If you cancel your appointment, you will be provided enough of a refill to take you to the next available opening in the physician’s schedule. If you cancel the re-scheduled appointment, you will not be provided a refill. “No-shows” or a pattern of cancelled appointments, are grounds for discharge from the program. _____
2. Attendance at a substance abuse program. Patients are required to be involved in substance abuse services and will be required to provide proof of regular substance abuse attendance (note from substance abuse counselor) at each visit with the physician. _____
3. **Releases of information to ALL physicians and counselors/therapists.** _____
4. Abstinence from alcohol & drugs (non-prescription) _____

BUPRENORPHINE TREATMENT PATIENT RESPONSIBILITIES

Please initial next to each item, indicating your understanding and agreement.

	INITIALS
Store Medication Properly. All medications must be kept out of the reach of children. It also must be safeguarded from inadvertent use by other adults or intentional use by those who abuse drugs.	
Take As Prescribed. You must take exactly as prescribed. You may not adjust the dose yourself. You may not “share” your medications with others.	
Comply With Pill Counts. You may be asked to bring in your medication for a pill count. You must come to the office within 24 hours of such a request.	
Comply With Drug Testing. You will be asked to come to the office for random drug tests. Our drug screens are “supervised,” meaning that a staff person will be in the restroom with you in order to insure that the specimen is coming from your body. You MUST come to the office within 24 hours of such a request.	
Notify the Office Immediately if Medication is Lost or Stolen. You are required to contact the police and bring a report to the office. Depending on the circumstances, we may choose NOT to reorder your medication.	
Notify In Case of Relapse. Call us immediately if you relapse. Although we understand that relapse may be part of the disease process, we believe honest communication is essential to a beneficial doctor-patient relationship. We need to know about relapse BEFORE a positive drug screen.	
Know the Office Policies that Pertain to Buprenorphine Treatment. You must review this information in its entirety, including your responsibilities, office hours, payment, etc.	
Payment For Services. Payment is due at time of service. Patients not current with payment are NOT considered active patients and we are under no obligation to provide further treatment.	

Grounds for Immediate Discharge from Program:

1. Failed drug screen

2. Failed pill count
3. Distribution of Buprenorphine to any other individual
4. Altering a prescription
5. “No-show” for appointment(s)

If you “no-show” (failure to arrive for appointment without prior notice) for the initial appointment, we will NOT reschedule you!

6. Any illegal activity related to Buprenorphine or drug use.
7. Breach of treatment contract
8. Dangerous or inappropriate behavior that is disruptive to the clinic or to other patients. This includes coming to the clinic intoxicated or high.

The usual method of ending treatment is a taper, which means a decreasing dose of Buprenorphine over several days or weeks. After this time, you would no longer be enrolled in the Buprenorphine program and your treatment slot would be used for another patient.

In the case of dangerous behavior, a patient will be discharged immediately and asked not to return.

Physicians are limited, by law, as to the number of patients that they can be prescribing Buprenorphine to at one time. **Receiving Buprenorphine is a privilege and the demand for this service is extremely high.** If you are accepted for admission, it is our sincere hope that you will cooperate with all program requirements and expectations but if you do not, we are under no obligation to continue treatment.

Applicant Signature:

Date: