

Prior to your appointment, please print these forms. Review all the material and fill in the appropriate information. Bring the completed forms with you to your appointment and give them to our staff. By preparing these forms prior to your visit, you will reduce the amount of time it takes to see the doctor.

Thank you!

**XAVIER W PARRENO, MD**  
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**Phone:** 847-336-2150  
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## FREQUENTLY ASKED QUESTIONS—PATIENTS

SUBOXONE<sup>®</sup> (buprenorphine HCl/naloxone HCl dihydrate) sublingual tablet

### 1. Why do I have to feel sick to start the medication for it to work best?

When you take your first dose of SUBOXONE, if you already have high levels of another opioid in your system, the SUBOXONE will compete with those opioid molecules and replace them at the receptor sites. Because SUBOXONE has milder opioid effects than full agonist opioids, you may go into a rapid opioid withdrawal and feel sick, a condition which is called “precipitated withdrawal.”

By already being in mild to moderate withdrawal when you take your first dose of SUBOXONE, the medication will make you feel noticeably better, not worse.

### 2. How does SUBOXONE work?

SUBOXONE binds to the same receptors as other opioid drugs. It mimics the effects of other opioids by alleviating cravings and withdrawal symptoms. This allows you to address the psychosocial reasons behind your opioid use.

### 3. When will I start to feel better?

Most patients feel a measurable improvement by 30 minutes, with the full effects clearly noticeable after about 1 hour.

### 4. How long will SUBOXONE last?

After the first hour, many people say they feel pretty good for most of the day. Responses to SUBOXONE will vary based on factors such as tolerance and metabolism, so each patient’s dosing is individualized. Your doctor may increase your dose of SUBOXONE during the first week to help keep you from feeling sick.

### 5. Can I go to work right after my first dose?

SUBOXONE can cause drowsiness and slow reaction times. These responses are more likely over the first few weeks of treatment, when your dose is being adjusted. During this time, your ability to drive, operate machinery, and play sports may be affected. Some people *do* go to work right after their first SUBOXONE dose; however, many people prefer to take the first and possibly the second day off until they feel better.

If you are concerned about missing work, talk with your physician about possible ways to minimize the possibility of your taking time off (eg, scheduling your Induction on a Friday).

### 6. Is it important to take my medication at the same time each day?

In order to make sure that you do not get sick, it is important to take your medication at the same time every day.

### 7. If I have more than one tablet, do I need to take them together at the same time?

Yes and no—you *do* need to take your dose at one “sitting,” but you do *not* necessarily need to fit all the tablets under your tongue simultaneously. Some people prefer to take their tablets this way because it’s faster, but this may not be what works best for *you*. The most

important thing is to be sure to take the full daily dose you were prescribed, so that your body maintains constant levels of SUBOXONE.

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**8. Why does SUBOXONE need to be placed under the tongue?**

There are two large veins under your tongue (you can see them with a mirror). Placing the medication under your tongue allows SUBOXONE to be absorbed quickly and safely through these veins as the tablet dissolves. If you chew or swallow your medication, it will not be correctly absorbed as it is extensively metabolized by the liver. Similarly, if the medication is not allowed to dissolve completely, you won't receive the full effect.

**9. Why can't I talk while the medication is dissolving under my tongue?**

When you talk, you move your tongue, which lets the undissolved SUBOXONE "leak" out from underneath, thereby preventing it from being absorbed by the two veins. Entertaining yourself by reading or watching television while your medication dissolves can help the time to pass more quickly.

**10. Why does it sometimes only take 5 minutes for SUBOXONE to dissolve and other times it takes much longer?**

Generally, it takes about 5-10 minutes for a tablet to dissolve. However, other factors (eg, the moisture of your mouth) can effect that time. Drinking something before taking your medication is a good way to help the tablet dissolve more quickly.

**11. If I forget to take my SUBOXONE for a day will I feel sick?**

SUBOXONE works best when taken every 24 hours; however, it may last longer than 24 hours, so you may not get sick. If you miss your dose, try to take it as soon as possible, *unless* it is almost time for your next dose. If it is almost time for your next dose, just skip the dose you forgot, and take next dose as prescribed. Do not take two doses at once unless directed to do so by your physician.

In the future, the best way to help yourself remember to take your medication is to start taking it at the same time that you perform a routine, daily activity, such as when you get dressed in the morning. This way, the daily activity will start to serve as a reminder to take your SUBOXONE.

**12. What happens if I still feel sick after taking SUBOXONE for a while?**

There are some reasons why you may still feel sick. You may not be taking the medication correctly or the dose may not be right for you. It is important to tell your doctor or nurse if you still feel sick.

**13. What happens if I take drugs and then take SUBOXONE?**

You will probably feel very sick and experience what is called a "precipitated withdrawal." SUBOXONE competes with other opioids and will displace those opioid molecules from the receptors. Because SUBOXONE has less opioid effects than full agonist opioids, you will go into withdrawal and feel sick.

**14. What happens if I take SUBOXONE and then take drugs?**

As long as SUBOXONE is in your body, it will significantly reduce the effects of any other opioids used, because SUBOXONE will dominate the receptor sites and block other opioids from producing any effect.

**15. What are the side effects of this medication?**

Some of the most common side effects that patients experience are nausea, headache, constipation, and body aches and pains. However, most side effects seen with SUBOXONE

appear during the first week or two of treatment, and then generally subside. If you are experiencing any side effects, be sure to talk about it with your doctor or nurse, as s/he can often treat those symptoms effectively until they abate on their own.

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## **FREQUENTLY ASKED QUESTIONS—FAMILY**

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### **1. What is an opioid?**

Opioids and opiates are synthetic and natural drugs that are related to drugs found in opium; many, such as heroin, are addictive narcotics. Many prescription pain medications are opioids, such as codeine, Vicodin<sup>®</sup>\* (hydrocodone bitartrate and acetaminophen), Demerol<sup>®</sup>† (meperidine hydrochloride, USP), Dilaudid<sup>®</sup>\* (hydromorphone), morphine, OxyContin<sup>®</sup>‡ (oxycodone hydrochloride controlled-release), and Percodan<sup>®</sup>§ (oxycodone and aspirin tablets, USP). Methadone and buprenorphine are also opioids.

A small amount of naloxone is in SUBOXONE. Naloxone is added to discourage misuse of SUBOXONE. If SUBOXONE were to be crushed and injected, the naloxone would cause the person to go into withdrawal.

### **2. Why are opioids used to treat opioid dependence?**

Many family members wonder why doctors use buprenorphine to treat opioid dependence, since it is in the same family as heroin. Some of them ask, “Isn’t this substituting one addiction for another?” But the two medications used to treat opioid dependence—methadone and buprenorphine—are not “just substitution.” Many medical studies since 1965 show that maintenance treatment helps keep patients healthier, keeps them from getting into legal troubles, and reduces the risk of getting diseases and infections that are transferred when needles are shared.

### **3. What is the right dose of SUBOXONE?**

Dependence is a developed need to have the opioid receptors in the brain occupied by an opioid. Finding just the right amount of SUBOXONE to fill the receptors at the right rate is an important part of the induction process.

Every opioid can have stimulating or sedating effects, especially in the first weeks of treatment. The right dose of SUBOXONE is the one that allows the patient to feel and act normally. It can sometimes take a few weeks to find the right dose. During the first few weeks, the dose may be too high, or too low, which can lead to sickness, daytime sleepiness, or trouble sleeping at night. The patient may ask that family members help keep track of the timing of these symptoms, and write them down. Then the doctor can use all these clues to adjust the amount and time of day for buprenorphine doses.

Once the right dose is found, it is important to take it on time in a regular way, so the patient’s body can maintain consistent medication levels to avoid experiencing withdrawal symptoms.

### **4. How can the family support good treatment?**

Even though maintenance treatment for opioid dependence works very well, it is not a cure. This means that the patient will continue to need the stable dose of SUBOXONE, with regular monitoring by the doctor. This is similar to other chronic diseases, such as diabetes or asthma. These illnesses can be treated, but there is no permanent cure, so patients often stay on the same medication for a long time. The best way to help and support the patient is to encourage regular medical care, encourage the patient not to skip or forget to

take the medication and most importantly, encourage the patient to partake in regular counseling sessions or support groups.

- Regular medical care

Most patients will be required to see the physician for ongoing SUBOXONE® treatment every two to four weeks, once they are stable. If they miss an appointment, they may not be able to refill the medication on time, and may even go into withdrawal, which could be dangerous.

- Counseling

Most patients who have become dependent on opioids will need formal counseling at some point in their care. The patient may have regular appointments with an individual counselor, or for group therapy. These appointments are key parts of treatment, and work together with the SUBOXONE to improve success. Sometimes family members may be asked to join in family therapy sessions to provide additional support to the patient and information to the health care provider.

- Support Groups

Most patients use some kind of support group to maintain their healthy lifestyle. It sometimes takes several visits to different groups to find a comfortable environment. In the first year of recovery from opioid dependence, some patients go to meetings every day, or several times per week. These meetings work with SUBOXONE to improve the likelihood of a patient's treatment success. Family members may have their own meetings, such as Al-Anon, or Adult Children of Alcoholics (ACA), to support them in adjusting to life with a patient who has become dependent on opioids.

- Taking the medication

SUBOXONE is an unusual medication because it is best absorbed into the bloodstream when taken "sublingually" meaning the patient must hold the tablet under his or her tongue while the medicine dissolves (swallowing SUBOXONE actually reduces its effectiveness). Please be aware that **this process takes about 5-10 minutes**. While the medication is dissolving, the patient should not speak. It is very important that the family support the patient by understanding that s/he will be "out of commission" for those 5-10 minutes intervals surrounding regular daily dosing times.

One way to support new SUBOXONE patients is by helping them to make a habit of taking their dose at the same time every day. Tying dosing to a routine, everyday activity (eg, getting dressed in the morning) is often one of the best ways to do this, because then the activity itself begins to serve as a reminder.

- Storing the medication

If SUBOXONE is lost or misplaced, the patient may skip doses or become ill, so it is very important to find a good place to keep the medication safely at home—away from children or pets, and always in the same location, so it can be easily found. The doctor may give the patient a few "backup" pills, in a separate bottle, in case an appointment has to be rescheduled, or there is an emergency of some kind. It is best if the location of the SUBOXONE is not next to the vitamins, or the aspirin, or other over-the-counter medications, to avoid confusion. If a family member or visitor takes SUBOXONE by mistake, a physician should be contacted immediately.

**5. What does SUBOXONE treatment mean to the family?**

It is hard for any family when a member finds out s/he has a chronic medical condition. This is true for opioid dependence as well. When chronic conditions go untreated, they often have severe complications which could lead to permanent disability or even death. Fortunately, SUBOXONE maintenance can be a successful treatment, especially if it is integrated with counseling and support for life changes.

Chronic disease means the disease is there every day, and must be treated every day. This takes time and attention away from other things, and family members may resent the effort and time and money that it takes for SUBOXONE<sup>®</sup> treatment and counseling. It might help to compare opioid dependence to other chronic diseases, like diabetes or high blood pressure. After all, it takes time to make appointments to go to the doctor for blood pressure checks, and it may annoy the family if the food has to be low in cholesterol, or unsalted. But most families can adjust to these changes, when they consider that it may prevent a heart attack or a stroke for their loved one.

It is common for people to think of substance dependence as a weakness in character, instead of a disease. Perhaps the first few times the person used drugs it was poor judgment. However, by the time the patient became dependent, taking drugs every day, and needing medical treatment, it can be considered to be a “brain disease” rather than a problem with willpower.

**In summary:**

Family support can be very helpful to patients on SUBOXONE treatment. It helps if the family members understand how dependence is a chronic disease that requires ongoing care. It also helps if the family gets to know a little about how treatment with SUBOXONE works, and how it should be stored at home to keep it safe. Family life might have to change to allow time and effort for the patient to become healthy again. Sometimes family members themselves can benefit from therapy.

\* Vicodin and Dilaudid are registered trademarks of Knoll Pharmaceutical.

† Demerol is a registered trademark of Sanofi-Synthelabo Inc.

‡ OxyContin is a registered trademark of Perdue Pharma L.P.

§ Percodan is a registered trademark of Endo Pharmaceuticals.

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## **EXPLANATION OF TREATMENT**

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### **Intake**

You will be given a comprehensive substance dependence assessment, as well as an evaluation of mental status and physical exam. The pros and cons of the medication, SUBOXONE, will be presented. Treatment expectations, as well as issues involved with maintenance versus medically supervised withdrawal will be discussed.

### **Induction**

You will be switched from your current opioid (heroin, methadone or prescription painkillers) on to SUBOXONE. At the time of induction, you will be asked to provide a urine sample to confirm the presence of opioids and possibly other drugs. You must arrive for the first visit experiencing mild to moderate opioid withdrawal symptoms. Arrangements will be made for you to receive your first dose in your doctor's office. Your response to the initial dose will be monitored. You may receive additional medication, if necessary, to reduce withdrawal symptoms.

Since an individual's tolerance and reactions to SUBOXONE vary, daily appointments may be scheduled and medications will be adjusted until you no longer experience withdrawal symptoms or cravings. Urine drug screening is typically required for all patients at every visit during this phase.

**Intake and Induction may both occur at the first visit, depending on your needs and your doctor's evaluation.**

### **Stabilization**

Once the appropriate dose of SUBOXONE is established, you will stay at this dose until steady blood levels are achieved. You and your doctor will discuss your treatment options from this point forward.

### **Maintenance**

Treatment compliance and progress will be monitored. Participation in some form of behavioral counseling is strongly recommended to ensure best chance of treatment success. You are likely to have scheduled appointments on a weekly basis, however, if treatment progress is good and goals are met, monthly visits will eventually be considered sufficient. The Maintenance phase can last from weeks to years—the length of treatment will be determined by you and your doctor, and, possibly, your counselor. Your length of treatment may vary depending on your individual needs.

### **Medically Supervised Withdrawal**

As your treatment progresses, you and your doctor may eventually decide that medically supervised withdrawal is an appropriate option for you. In this phase, your doctor will gradually taper your SUBOXONE dose over time, taking care to see that you do not experience any withdrawal symptoms or cravings.

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**TELEPHONE APPOINTMENT REMINDER CONSENT**

I \_\_\_\_\_ give \_\_\_\_\_  
Patient Name (Print) Physician Name (Print)

and members of his/her staff working at the location indicated above my permission to call me prior to an appointment to remind me of the appointment date and time.

I would prefer to be called at (check all that apply):  
 Home \_\_\_\_\_  
 Work \_\_\_\_\_  
 Cell \_\_\_\_\_

Yes, this office may leave (check all that apply):  
 Voice mail at my Home       Voice mail at my Work       Voice mail on my Cell  
 Messages with people at my Home       Messages with people at my Work

I understand that I may withdraw this consent at any time, either verbally or in writing except to the extent that action has been taken on reliance on it. This consent will last while I am being treated for opioid dependence by the physician specified above unless I withdraw my consent during treatment. This consent will expire 365 days after I complete my treatment, unless the physician specified above is otherwise notified by me.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)      Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (Print)      Date

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**CONSENT TO RELEASE/RECEIVE CONFIDENTIAL INFORMATION**

I \_\_\_\_\_ authorize \_\_\_\_\_ at the above address to:  
Patient Name (Print) Physician Name (Print)

**MD check all that apply**

- Receive my medical history information from the following physicians:  
(name, address) \_\_\_\_\_  
(name, address) \_\_\_\_\_
- Receive my treatment records from the following therapist  
Therapist (name, address) \_\_\_\_\_
- Release my treatment information/records to the following healthcare professional  
(name, address) \_\_\_\_\_
- Release my treatment information to the health insurance company listed below for billing purposes  
Insurance Provider (name, address) \_\_\_\_\_  
\_\_\_\_\_

This information is for the following purposes (any other use is prohibited): \_\_\_\_\_  
\_\_\_\_\_

I understand that I may withdraw this consent at any time, either verbally or in writing except to the extent that action has been taken in reliance on it. This consent will last while I am being treated for opioid dependence by the physician specified above unless I withdraw my consent during treatment. This consent will expire 365 days after I complete my treatment, unless the physician specified above is otherwise notified by me.

**I understand that the records to be released may contain information pertaining to psychiatric treatment and/or treatment for alcohol and/or drug dependence. These records may also contain confidential information about communicable diseases including HIV (AIDS) or related illness. I understand that these records are protected by the Code of Federal Regulations Title 42 Part 2 (42 CFR Part 2) which prohibits the recipient of these records from making any further disclosures to third parties without the express written consent of the patient.**

I acknowledge that I have been notified of my rights pertaining to the confidentiality of my treatment information/records under 42 CFR Part 2, and I further acknowledge that I understand those rights.

_____ Patient Signature	_____ Date	
_____ Parent/Guardian Signature	_____ Parent/Guardian Name (Print)	_____ Date
_____ Witness Signature	_____ Witness Name (Print)	_____ Date

### **Confidentiality of Alcohol and Drug Dependence Patient Records**

The confidentiality of alcohol and drug dependence patient records maintained by this practice/program is protected by federal law and regulations. Generally, the practice/program may not say to a person outside the practice/program that a patient attends the practice/program, or disclose any information identifying a patient as being alcohol or drug dependent unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or practice/program evaluation.

Violation of the federal law and regulations by a practice/program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the practice/program or against any person who works for the practice/program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

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**DRUG ABUSE SCREENING TEST (DAST)**

1. Have you used drugs other than those required for medical reasons? ( )Y ( )N
2. Have you misused prescription drugs? ( )Y ( )N
3. Do you misuse more than one drug at a time? ( )Y ( )N
4. Can you get through the week without using drugs (other than those required for medical reasons)? ( )Y ( )N
5. Are you always able to stop using drugs when you want to? ( )Y ( )N
6. Do you misuse drugs on a continuous basis? ( )Y ( )N
7. Do you try to limit your drug use to certain situations? ( )Y ( )N
8. Have you had "blackouts" or "flashbacks" as a result of drug use? ( )Y ( )N
9. Do you ever feel bad about your drug misuse? ( )Y ( )N
10. Does your spouse (or parents) ever complain about your involvement with drugs? ( )Y ( )N
11. Do your friends or relatives know or suspect you misuse drugs? ( )Y ( )N
12. Has drug misuse ever created problems between you and your spouse? ( )Y ( )N
13. Has any family member ever sought help for problems related to your drug use? ( )Y ( )N

**Have you ever:**

14. Lost friends because of your use of drugs? ( )Y ( )N
15. Neglected your family or missed work because of your use of drugs? ( )Y ( )N
16. Been in trouble at work because of drug misuse? ( )Y ( )N
17. Lost a job because of drug misuse? ( )Y ( )N
18. Gotten into fights when under the influence of drugs? ( )Y ( )N
19. Been arrested because of unusual behavior while under the influence of drugs? ( )Y ( )N
20. Been arrested for driving while under the influence of drugs? ( )Y ( )N
21. Engaged in illegal activities to obtain drugs? ( )Y ( )N
22. Been arrested for possession of illegal drugs? ( )Y ( )N
23. Experienced withdrawal symptoms as a result of heavy drug intake? ( )Y ( )N
24. Had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, or bleeding)? ( )Y ( )N
25. Gone to anyone for help for a drug problem? ( )Y ( )N
26. Been in hospital for medical problems related to your drug use? ( )Y ( )N
27. Been involved in a treatment program specifically related to drug use? ( )Y ( )N
28. Been treated as an outpatient for problems related to drug dependence or misuse? ( )Y ( )N

**Scoring:** Each positive response yields 1 point, except for questions 4, 5, and 7 which yield 1 point for a negative response or false direction.

A score greater than 5 requires further evaluation for substance misuse problems.

Skinner HA. The Drug Abuse Screening Test. *Addictive Behavior* 7(4): 363-371, 1982.

**PRETREATMENT SCREENING**

**Completed prior to call**

Name \_\_\_\_\_

Phone no. \_\_\_\_\_ Best time to contact \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex ( ) M ( ) F

Insurance co. \_\_\_\_\_ Insurance member # \_\_\_\_\_

Do you plan to submit a claim? ( ) Yes ( ) No

**Reason for seeking treatment**

Substance \_\_\_\_\_ How long using? \_\_\_\_\_

How much? \_\_\_\_\_ How often? \_\_\_\_\_

Has your drug use ever resulted in medical or legal problems? ( ) N \_\_\_\_\_

Have you ever been treated for substance dependence or misuse (eg, detoxification program)? ( ) N

(Please describe setting, length) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever tried to quit on your own? ( ) N (Please describe)

\_\_\_\_\_

\_\_\_\_\_

Have you ever been treated by a psychiatrist? ( ) N (Please describe treatment reason, setting, and length)

\_\_\_\_\_

\_\_\_\_\_

Does anyone in your family (mother, father, brother/sister, child, aunt/uncle or grandparent) have a history

of substance abuse? ( ) N \_\_\_\_\_

\_\_\_\_\_

---

Do you have any medical conditions (diabetes, HIV+, epilepsy, STDs)?  N

\_\_\_\_\_

---

Are you currently taking any medications to treat these conditions?  N (List medication and dosage)

\_\_\_\_\_  
\_\_\_\_\_

Are you pregnant?  N/A  N  Y  Not Sure

Are there any current legal issues we should be aware of (probation, parole)?  N

\_\_\_\_\_

---

Are you currently employed?  N  Y How many hours/week (avg.)?

\_\_\_\_\_

Please describe your current living arrangements \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Patient Interviewer Signature Date: \_\_\_\_\_

**Office Assessment**

Patient accepted for treatment ( ) N ( ) Y

**If “no”**

Describe why: \_\_\_\_\_  
\_\_\_\_\_

Alternate treatment recommendations:

( ) NA ( ) AA ( ) OTP ( ) Other (list below):  
\_\_\_\_\_

Patient was called to discuss the above: \_\_\_\_\_ Date \_\_\_\_\_ Caller Initials

**If “yes”**

Patient was called to schedule 1st visit: \_\_\_\_\_ Date \_\_\_\_\_ Caller Initials

1st visit requirements discussed with patient:

- Arrive with full bladder (urine drug screening will be performed)
- Arrive experiencing mild to moderate opioid withdrawal symptoms (average abstinence periods: methadone or long-acting pain killers: 24 hrs; heroin or short-acting pain killers: 4 to 6 hrs)
- Bring ALL medication bottles
- Bring completed Pretreatment Paperwork or come 30 minutes early
- Payment will be required in advance

Pretreatment Paperwork explained to patient: \_\_\_\_\_ Caller Initials

Pretreatment Paperwork mailed or given to patient: \_\_\_\_\_ Date \_\_\_\_\_ Caller Initials

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**INITIAL PATIENT CONTACT**

1. When a potential patient calls seeking treatment for dependence on opioids, such as pain killers (eg, oxycodone), methadone, or heroin use this form to record that person's contact information. It is important to treat these callers with understanding: they are looking for help and may often feel vulnerable. At the same time, if a caller is inappropriate or makes you uncomfortable for any reason, tell that person you are ending the call and why.
2. In general, if a caller has questions about treatment, tell them that you are not the best person to talk to about treatment, but that the person who will be calling him or her for the telephone interview (see # 6) will be able to answer any questions that caller has.
3. Let the caller know that all information they give you is completely confidential.

**4. Contact Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Ok to leave voice messages at this number? ( ) N

( ) Y

Insurance provider \_\_\_\_\_ Reason seeking

treatment \_\_\_\_\_

Referred by?

\_\_\_\_\_

**Interview time *OR* best date/times to be called back to schedule interview**

Fill in date/ circle time

<input type="checkbox"/>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
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<b>#1</b>	<b>AM</b>	9	10	11	<b>PM</b>	12	1	2	3	4	5	6	7	8	9	
		:15	:30	:45				:15	:30	:45						
	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>									
<b>#2</b>	<b>AM</b>	9	10	11	<b>PM</b>	12	1	2	3	4	5	6	7	8	9	
		:15	:30	:45				:15	:30	:45						

5. Confirm (read back) caller's **phone number** and **best time to be reached** ONLY.
  
6. After confirming the caller's phone number and contact time, **mention** the following:
  - The caller/patient will be contacted by someone on the medical staff at the times just specified to conduct/arrange for a confidential telephone interview
  - If the patient misses this call, s/he will need to reinitiate contact with the office to arrange another time for the interview
  - The telephone interview is short, usually **under 20 minutes**
  - During the call, the patient will be asked basic questions about his/her current condition and medical history
  - If the patient can be accepted for treatment, then someone from the office will call him or her to schedule the first appointment and describe what is required for the first visit
  - If for some reason the patient cannot be accepted for treatment at this time, then someone from the office will call him or her to explain why and recommend alternate treatment options
  
7. Does the caller have any questions about the telephone interview?
  
8. Thank the caller and end the call.

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**PATIENT INTAKE: MEDICAL HISTORY**

(To be completed by patient)

Use the opposite side of the page as necessary to complete your answers. **Please print legibly.**

Name

\_\_\_\_\_  
\_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_

Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c)

\_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ SS#

\_\_\_\_\_

Emergency Contact

\_\_\_\_\_  
\_\_\_\_\_

Relationship to patient \_\_\_\_\_ Phone

\_\_\_\_\_

Primary care physician \_\_\_\_\_ Phone

\_\_\_\_\_

Date of last physical \_\_\_\_\_ Have you ever had an EKG? ( ) N Date

\_\_\_\_\_

**Current or past medical conditions** (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma/respiratory | <input type="checkbox"/> Cardiovascular (heart attack, high cholesterol, angina) |   |
| <input type="checkbox"/> Hypertension       | <input type="checkbox"/> Epilepsy or seizure disorder                            | <input type="checkbox"/> GI disease             |
| <input type="checkbox"/> Head trauma        | <input type="checkbox"/> HIV/AIDS  | <input type="checkbox"/> Diabetes               |
| <input type="checkbox"/> Liver problems     | <input type="checkbox"/> Pancreatic problems                                     | <input type="checkbox"/> Thyroid disease        |
| <input type="checkbox"/> STDs               | <input type="checkbox"/> Abnormal Pap smear                                      | <input type="checkbox"/> Nutritional deficiency |

Other (Please describe)

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\_\_\_\_\_

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\_\_\_\_\_

If there a family history of any of the illnesses listed above, **please put an “F” next to that illness**

**MD NOTES**

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Is there a family history of anything NOT listed here? (Please explain)

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

**MD NOTES**

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Have you ever had **surgery** or been **hospitalized**? (Please describe)

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**MD NOTES**

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**Childhood Illnesses**

Measles ( )N ( )Y      Mumps ( )N ( )Y      Chicken Pox ( )N ( )Y

Have you or a family member ever been diagnosed with a **psychiatric** or **mental illness**?

(Please describe)

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Have you ever taken or been prescribed **antidepressants**? ( ) N For what reason

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Medication(s) and dates of use \_\_\_\_\_ Why stopped

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Please list all current **prescription medications** and how often you take them (example: Dilantin 3x/day).

DO NOT include medications you may be currently misusing (that information is needed later)

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Please list all current **herbal medicines, vitamin supplements**, etc. and how often you take them

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**MD NOTES**

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Please list any **allergies** you have (penicillin, bees, peanuts)

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**MD NOTES**

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**Tobacco History**

**Cigarettes:** Now?    ( ) N    ( ) Y    In the past?    ( ) N    ( ) Y

How many per day on average?                      For how many years? \_\_\_\_\_

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**Pipe:** Now? ( ) N ( ) Y In the past? ( ) N ( ) Y

How often per day on average? \_\_\_\_\_ For how many years? \_\_\_\_\_

Have you ever been **treated for substance misuse**? ( ) N (Please describe when, where and for how long)

How long have you been **using substances**? \_\_\_\_\_

**Substance Use History**

	No	Yes/Past or Yes/Now	Route	How Much	How Often	Date/Time of Last Use	Quantity Last Used
Alcohol							
Caffeine (pills or beverages)							
Cocaine							
Crystal Meth- Amphetamine							
Heroin							
Inhalants							
LSD or Hallucinogens							
Marijuana							
Methadone							
Pain Killers							
PCP							
Stimulants (pills)							
Tranquilizers/ Sleeping Pills							
Ecstasy							
Other							

Did you ever stop using any of the above because of dependence? ( ) N (Please list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was your longest period of abstinence?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MD NOTES**

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### **Confidentiality of Alcohol and Drug Dependence Patient Records**

The confidentiality of alcohol and drug dependence patient records maintained by this practice/program is protected by federal law and regulations. Generally, the practice/program may not say to a person outside the practice/program that a patient attends the practice/program, or disclose any information identifying a patient as being alcohol or drug dependent unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or practice/program evaluation.

Violation of the federal law and regulations by a practice/program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the practice/program or against any person who works for the practice/program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.