

9/25/10

## **BUPRENORPHINE/NALOXONE MAINTENANCE TREATMENT**

### **PHYSICIAN/OFFICE INFORMATION**

## **Progress Note Structure**

### **Date/Time**

**Subjective:** *Patient statement of status in treatment*

**Objective:** *Current pertinent history, drug/alcohol use, adherence to buprenorphine/naloxone, craving, medical/psychiatric issues, psychosocial issues, participation in other therapies*

**Physical Examination** *(as indicated)*

**Laboratory/Urine Drug Screen Results**

**Assessment:** *Current problems*

**Plan:** *Medication prescribed, any new medical/psychiatric interventions, next visit*

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## Progress Notes – Sample #2

### Patient 2

9/3/10

1. *Denies heroin or other illicit drug use. Last urine (date) was positive for cocaine, which patient adamantly denies using.*
2. *Indicates increasing marital discord related to his drug use.*
3. *Although he agrees that going to a support group is a good idea, he has actually attended only once in the past month.*
4. *Liver enzymes slightly elevated on lab of (date), otherwise wnl. Patient seems more irritable, although when this is pointed out to patient, his response was “now don’t you start on me too.”*
5. *Patient refused permission for me to talk with his wife.*

### Impression

1. *Patient has likely relapsed to cocaine use*
2. *Appears to be in denial about the severity of drug use and its adverse effects on his relationship.*
3. *Liver enzyme elevation probably secondary to HCV, which was previously diagnosed.*

### Rx plan

1. *Increase office visits and urine testing to weekly*
2. *Get patient to accept referral to intensive outpatient treatment program as a condition of continuing buprenorphine treatment.*
3. *Referral to gastroenterologist for evaluation of HCV*

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