

SUBOXONE INITIATION REFERRAL FORM

PATIENT INFORMATION

LEGAL NAME: _____ **SEX:** _____

DOB: _____ **HC#** _____ **VC:** _____

ADDRESS: _____

PHONE #: _____

REFERRER INFORMATION:

NAME: _____ **BILLING #:** _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

SIGNATURE: _____ **DATE:** _____

CURRENT SUBSTANCE USE: (include substance and route and duration)

SUBSTANCE ABUSE HISTORY: (include current and past addiction/abuse of alcohol, prescription drugs and illegal drugs, plus treatment history)

OTHER RELEVANT MEDICATIONS AND MEDICAL HISTORY: (or attach CPP)