

# BUPRENORPHINE REFERRAL FORM FOR OPIOID USE DISORDER

**Instructions:** Buprenorphine/naloxone (brand name: Suboxone) helps treat opioid use disorder by decreasing cravings and suppressing withdrawal symptoms. When appropriate, patients with opioid use disorder should receive a prescription or first dose of buprenorphine in the hospital, along with a direct referral for buprenorphine maintenance. For referrals, please complete and fax this form to local treatment centers listed below.

**Patient's Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Phone number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Date of ED visit:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Insurance:**  Medicaid/Medicare  Commercial  Self-pay  
**Presented to ED with opioid overdose:**  Yes  No

**Opioid Use History:**  
Age of first use: \_\_\_\_\_ Primary type of opioid used: \_\_\_\_\_  
Pattern of opioid use (average daily amount and frequency): \_\_\_\_\_

**Substance Use History** (other than opioids): Is the patient **CURRENTLY** using any of the following?

- cocaine
- alcohol
- benzodiazepines
- PCP
- synthetic marijuana
- other \_\_\_\_\_

**Medical/Psychiatric History:** \_\_\_\_\_  
\_\_\_\_\_

**Critical actions required by the Emergency Department prior to buprenorphine induction:**

Urine drug screen (list positive): \_\_\_\_\_  
Liver function test (must be  $\leq 5x$  normal): \_\_\_\_\_  
DSM 5 Score for opioid dependence (Score must be  $\geq 3$ ): \_\_\_\_\_  
COWS Score (Score must be  $\geq 8$ ): \_\_\_\_\_

**Buprenorphine started in ED:**  - Yes  - No **Date first dose given in ED:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dose given: \_\_\_\_\_ Rx dose \_\_\_\_\_ Sig: \_\_\_\_\_  
Number of days given (Rx): \_\_\_\_\_

**Name of referring ED provider:** \_\_\_\_\_

**Contact number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Completed form sent by EHR, faxed etc to (please check one): {List frequent referrals sites}

Note: For all treatment options include information on what insurance types are accepted and appointment times, availability or contact. Include walk in hours if available

**Opioid Treatment Programs (list all in area)**

**Opioid Treatment Providers (list all in area)**

**Opioid Treatment Clinics (list all in area)**

Some examples:

- Opioid Treatment Program:** 203-733-1234 (phone), 203-788-5555 (fax). Note: Takes walk-ins Monday-Friday before noon; all insurance types.
- Primary Care Center-** Call 204-123-3333 and leave message, note and upload form into EPIC. Patient will be seen within 3 business days, takes all insurance types
- Addiction Treatment Center:** Send EPIC inbox to Margaret Taft or John Page (clinic directors). Patient will be contacted with 24 hours, Medicaid or no insurance ONLY

**Provide any relevant follow up capabilities** e.g. Check Nurse follow up discharge box in EHR if available