

# EXISTING PATIENT TEMPLATE—TREATMENT COORDINATOR

## Buprenorphine Treatment Coordinator Telephonic Visit

I performed this visit using real-time telehealth tools, including a {TELEVISIT MODALITY:210210201} connection between my location and the patient's location. Prior to initiating the services, I obtained the patient's informed verbal consent on @TODAYDATE@ to perform this visit using the telehealth tools and answered all the questions the patient had about the telehealth interaction.

### **Originating Site (patient's location):**

Home

### **Distant Site (provider's location):**

@DEPTNAME@

**Provider Name:** @ENCPROVNMTITLE@

**TeleVisit Date:** @DATE@

**Chief complaint:** Opioid use disorder on maintenance therapy

### **HPI:**

#### Opioid use disorder

Current prescribed dose of buprenorphine/naloxone:

Actual taken dose (dose, schedule, route):

Opioid use (type, quantity, route, date):

Cravings/triggers:

Withdrawal symptoms:

Acute or chronic pain:

Depression/anxiety/sleep:

#### Use of alcohol, tobacco, and other substances

Alcohol (type, quantity, date):

Benzodiazepines (type, quantity, date):

Cocaine/crack (type, quantity, route, date):

Tobacco (type, quantity, route, date):

Other:

#### Counseling

Mental health care:

Substance use counseling:

Mutual aid groups:

#### Harm Reduction

Naloxone access:

Sexual health:

Other:

#### Other Urgent Medical or Mental Health Issues

**Patient Data Reviewed:**

Last urine drug screen

@LASTLAB(BUPRSCUR,OPIATESCRU,OXYURINE,AMPHETAMINUR,COCAINESCU,BARB  
RUR,LABBENZ,CBMZ,LABMETH,PCPSCRNUR,OSMOLALITY)@

**Assessment and Plan:**

1) Opioid use disorder: The patient is stable on buprenorphine treatment; no interim opioid use, no craving, and benefits of continuing bupe outweigh the risks.

-Urine drug testing is being deferred at this time because risks of obtaining the test during a pandemic greatly outweigh the benefits.

-Continue current dosage of buprenorphine for the next 30 days. I have checked pt's controlled substance dispensing history in the PMP in compliance with iSTOP and will alert DATA-waivered PCP to review this visit note and send prescription.

-I counseled the patient on harm reduction strategies during COVID-19.

2) Other urgent medical or mental health issues: Writer will discuss case with PCP and coordinate recommended follow-up.

**Next Telephonic Visit Follow up: \*\*\***

**Physical Exam information for clinical team:** Physical exam, if recorded, is based on patient reported information or obtained through peripheral.

**Total time spent on medical discussion:**

I spent \*\*\* minutes with the patient, over half of which was spent in counseling and coordination of care.