

EXISTING PATIENT TEMPLATE—PRESCRIBER

Buprenorphine Treatment TeleVisit

Provider Name: @ENCPROVNMTITLE@

TeleVisit Date: @ENCDATEAMB@

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,BARBRUR,LABBENZ,CBMZ,LABMETH,PCPSRNUR,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 reviewed the patient's controlled substance dispensing history in the Prescription Monitoring Program Registry in compliance with iSTOP before prescribing a controlled substance.
- I counseled the patient on harm reduction strategies during COVID-19.

Next Follow up: ***

Telemedicine:

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@

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.