

Sutton Place Behavioral
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SUBOXONE PROGRESS REPORT

Date: _____ **Start Time:** _____ **End Time:** _____

Patient Name _____ **CID** _____ **SUBOXONE dose** _____ mg/day

Is patient pregnant? : ☐ Yes ☐ No ☐ Not Applicable

Attending Group / Individual with _____

UDS: ☐ Negative ☐ Positive: _____ **Send Out:** ☐ Yes ☐ No

Has Been on Suboxone _____ ☐ weeks / ☐ months

Mental Status Examination:

Appearance: ☐ well - dressed ☐ well groomed ☐ disheveled

Attitude: ☐ cooperative ☐ superficial ☐ guarded ☐ suspicious ☐ uncooperative ☐ belligerent

Motor Activity: ☐ normal ☐ tense ☐ restless/fidgety ☐ hyperactive

Affect: ☐ appropriate ☐ inappropriate ☐ labile ☐ expansive ☐ constricted ☐ blunt ☐ flat

Mood: ☐ euthymic ☐ anxious ☐ depressed ☐ irritable ☐ euphoric

Speech: ☐ normal ☐ delayed ☐ soft ☐ loud ☐ slurred ☐ excessive ☐ pressured ☐ incoherent

Thought Process: ☐ intact ☐ tangential ☐ circumstantial ☐ loosening of associations ☐ flight of ideas

Thought Content: ☐ None ☐ delusions: ☐ paranoid ☐ persecutory ☐ grandiose ☐ bizarre

Misperception: ☐ Hallucinations: not present ☐ Present: ☐ auditory ☐ visual ☐ olfactory ☐ gustatory

Suicidal Ideation: ☐ Active ☐ none present ☐ Passive ☐ none present

Homicidal Ideation: ☐ Active ☐ none present ☐ Passive ☐ none present

Acute potential for Violence: ☐ absent ☐ present

Attention: ☐ poor ☐ fair ☐ good **Concentration:** ☐ poor ☐ fair ☐ normal

Orientation: ☐ Fully oriented / ☐ Disoriented: (always / sometimes) time place person

CLIENT NAME	CID#

Memory: ☐ intact ☐ impaired: ☐ immediate ☐ recent ☐ remote

Cognitive Function: ☐ poor ☐ fair ☐ good

Estimated IQ: ☐ below average ☐ average ☐ above average

Insight: ☐ intact/impaired: ☐ minimal ☐ moderate ☐ severe

Judgment: ☐ intact/impaired ☐ minimal ☐ moderate ☐ severe

Diagnoses

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

GAF: _____

NOTES:

CLIENT NAME	CID#

Psychopharmacological Treatment:

Patient was educated about his/her illness, the need for various treatments including medications;
 Patient consented for such treatment after appropriate information was given- including indication,
 target symptoms, dose and duration, and possible side effects/adverse effects.

Codes:

0	Starting	6	increase due to poor/fair response
1	renew no changes	7	decrease due to side effects
2	no renewal, no changes	8	stopping adverse effects
3	change in time of dose	9	stopping, poor response
4	routine titration increase	10	stopping, no further indication
5	routine titration decrease	11	stopping: pt/family refusal
		12	Insurance Co. won't cover

MEDICATIONS	MG / ML	DOSE	#	REFILL	CODE
					NA
					NA
					NA
					NA
					NA

1. Refer to/continue ☐ PCP/Pediatrician ☐ medical evaluations and treatments

☐Neurologist ☐ other _____

1a. ☐Coordinate patient's treatment with patients PCP and / or specialist.

2. Investigations: ☐ ordered ☐please see a copy of report in chart ☐ results pending
☐Labs ☐CBC (diff /plat) ☐CMP ☐TSH w/refl Hep /PNL ☐Lithium ☐VAL
☐UA

3. ☐Contact local hospital ER for any psychiatric crisis or emergency.

4. ☐Abstain from alcohol and illicit substances.

6. ☐Return in _____ weeks.

_____ Date: _____

Gail McWhirter, ARNP

☐ Drug information given ☐ Drug Release obtained

☐ Release of Information obtained ☐ Release of Information Not Needed

CLIENT NAME	CID#