



Sayeh Beheshti, M.D., M.A.

18141 Beach Blvd., Suite 220
Huntington Beach, CA 92648

Phone: (714) 274-9848

Fax: (714) 274-9855

Email: DrB@DoctorBeheshti.com

Website: DoctorBeheshti.com

SUBOXONE CONTRACT

OPIATE ADDICTION IS A SERIOUS CONDITION FOR WHICH YOU MAY FIND RELIEF WITH SUBOXONE TREATMENT. IN ORDER TO INCREASE YOUR CHANCE FOR SUCCESSFUL TREATMENT AND DUE TO THE INCREASED MONITORING REQUIRED BY THE DEA, WE HAVE FOUND THE FOLLOWING GUIDELINES NECESSARY FOR US TO FOLLOW.

PLEASE READ AND SIGN THE SUBOXONE CONTRACT, COMPLETE THE OPIATE AND OTHER SUBSTANCE USE QUESTIONNAIRE, COMPLETE THE OPIATE USE CHECKLIST, SIGN AND DATE ALL AREAS REQUIRING A SIGNATURE AND BRING THESE TO YOUR INITIAL INTERVIEW.

GENERAL

1. YOU MUST CLEARLY UNDERSTAND, UNDER NO CIRCUMSTANCES CAN YOU TAKE YOUR MEDICATION OTHER THAN HOW IT IS PRESCRIBED. IF THE MEDICATION PRESCRIBED IS NOT RELIEVING YOUR CLINICAL SYMPTOMS, IT IS YOUR RESPONSIBILITY TO CONTACT DR. BEHESHTI'S OFFICE AND INFORM US, SO WE CAN INSTRUCT YOU ON WHAT YOU MAY DO. IF YOU DO NOT ADHERE TO THIS, YOU MAY BE DISCHARGED FROM DR. BEHESHTI'S PRACTICE.
2. DR. BEHESHTI WILL NOT PRESCRIBE ANY BENZODIAZEPINES TO PATIENTS WHO ARE TAKING SUBOXONE.
3. IF YOU LOSE YOUR PRESCRIPTION, OR FOR ANY REASON YOUR MEDICATION IS MISPLACED, LOST OR EVEN STOLEN, NO SUBSTITUTE PRESCRIPTION WILL BE PROVIDED. UNDERSTAND THAT LOSING OR MISPLACING A CONTROLLED PRESCRIPTION MAY HAVE SERIOUS MEDICAL CONSEQUENCES, INCLUDING WITHDRAWAL, EVEN DEATH. PLEASE NOTIFY US IF THIS OCCURS SO WE MAY ASSIST YOU. SUSPECTED MISUSE OF SUBOXONE MAY RESULT IN BEING DISCHARGED FROM THE PRACTICE.
4. ALL PATIENTS WHO ARE RECEIVING PRESCRIBED SUBOXONE WILL BE REQUIRED TO ATTEND COUNSELING WITH A LICENSED COUNSELOR. YOU ARE REQUIRED TO SIGN AN AUTHORIZATION TO DISCLOSE INFORMATION AND PROVIDE THE PHONE NUMBER OF YOUR COUNSELOR TO ALLOW UNLIMITED COMMUNICATION BETWEEN YOUR MEDICAL PROVIDER HERE AND YOUR COUNSELOR. PLEASE NOTE HIPPA POLICY AND PROCEDURES WILL APPLY. IF YOU FAIL TO CANCEL IN TIME OR FAIL TO ATTEND AN APPOINTMENT WITH YOUR COUNSELOR, YOU MAY BE DISCHARGED FROM DR. BEHESHTI'S PRACTICE.
5. IF AT ANY TIME DURING YOUR TREATMENT IT IS DISCOVERED THAT YOU ARE OBTAINING OPIATES, BENZODIAZEPINES, OR OTHER SUBSTANCES OF ABUSE EITHER FROM OTHER DOCTORS, OR ILLEGALLY, YOUR WILL BE DISCHARGED FROM DR. BEHESHTI'S PRACTICE IMMEDIATELY.

RANDOM URINE DRUG SCREENS

1. DURING THE INITIAL EVALUATION AND AT EACH SUCCESSIVE FOLLOW UP VISIT, PATIENTS WHO RECEIVE PRESCRIBED SUBOXONE WILL INFORM THE MEDICAL PROVIDER OF ALL MEDICATIONS OR ILLICIT DRUGS THAT HAVE BEEN TAKEN OVER THE PAST THIRTY DAYS OR BETWEEN VISITS, WHICHEVER IS LONGER. A FORM ENTITLED "CONTROLLED SUBSTANCES CHECK LIST" WILL BE PROVIDED FOR YOU TO COMPLETE. NOTE, PLEASE TAKE YOUR TIME WHEN COMPLETING THIS CHECK LIST. IF THE DRUG SCREEN IDENTIFIES ILLICIT DRUGS OR PRESCRIBED MEDICATIONS THAT WERE NOT DISCLOSED, YOU MAY BE DISCHARGED FROM DR. BEHESHTI'S PRACTICE.
2. YOU ARE REQUIRED TO SUBMIT TO RANDOM DRUG SCREENING. THIS WILL BE DONE AT THE DISCRETION OF YOUR MEDICAL PROVIDER. YOU ARE RESPONSIBLE FOR ALL FEES ASSOCIATED WITH THE DRUG SCREENING. YOU ARE RESPONSIBLE FOR LOCATING A LABORATORY CONVENIENT FOR YOU, AND FOR PROVIDING US THE ADDRESS AND PHONE NUMBER OF THAT LABORATORY LOCATION. YOU WILL BE NOTIFIED BY PHONE OF THE NEED TO GET THE URINE DRUG SCREEN AND WILL BE REQUIRED TO PRESENT WITHIN FOUR HOURS TO YOUR LABORATORY LOCATION. IF FOR SOME REASON, YOU ARE UNABLE TO PERFORM THE URINE DRUG SCREEN IN TIME, YOU MUST PROVIDE WRITTEN REASON WHY YOU WERE UNABLE TO DO SO AND YOU MAY BE DISCHARGED FROM DR. BEHESHTI'S PRACTICE.
3. PLEASE UNDERSTAND, SUBOXONE WILL NOT BE A MEDICATION OF DEPENDENCY AND THEREFORE SUBOXONE WILL REPLACE TAKING ANY OTHER OPIATES. DISCUSSION ABOUT STOPPING SUBOXONE WILL BE INITIATED AT YOUR FIRST EVALUATION AND WITH YOUR FIRST DOSE OF THIS MEDICATION. REDUCTION OF DOSING WILL BE PERFORMED IN A MANNER TO MINIMIZE THE RISK OF WITHDRAWAL SYMPTOMS AND/OR RELAPSE. IF YOU HAVE FEARS AND RELUCTANCE REGARDING REDUCTION OF YOUR SUBOXONE THIS MATTER MUST BE DISCUSSED WITH YOUR COUNSELOR (SEE BELOW FOR RESPONSIBILITIES REGARDING COUNSELING).
4. IF DR. BEHESHTI'S OFFICE IS PRESCRIBING SUBOXONE AND THIS MEDICATION IS NOT IDENTIFIED THROUGH RANDOM DRUG SCREENING YOU WILL BE DISCHARGED FROM DR. BEHESHTI'S OFFICE IMMEDIATELY.

NAME: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____



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SUBSTANCE USE QUESTIONNAIRE

IN THE SPACE PROVIDED BELOW PLEASE LIST AND DESCRIBE ANY OTHER CONTROLLED SUBSTANCES YOU HAVE USED, INCLUDING ALCOHOL. USE OF ANY CONTROLLED SUBSTANCES (PRESCRIBED OR ILLICIT) OTHER THAN SUBOXONE SUCH AS BENZODIAZEPINES, STIMULANTS, ALCOHOL, MARIJUANA, AND COCAINE USE IS PROHIBITED WHILE RECEIVING PRESCRIBED SUBOXONE. PLEASE ANTICIPATE THAT ANY INFORMATION LISTED HERE WILL BE SHARED WITH YOUR SUBSTANCE ABUSE COUNSELOR TO AID YOUR RECOVERY.

1) SUBSTANCE (ALCOHOL)	LAST USED	AMOUNT	ROUTE OF ADMINISTRATION (ORAL)
HOW OFTEN	HOW LONG		
HAVE YOU OR ANYONE ELSE THOUGHT THAT YOU HAD A PROBLEM WITH THIS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A PERIOD OF ABSTINENCE FROM THIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	

2) SUBSTANCE	LAST USED	AMOUNT	ROUTE OF ADMINISTRATION
HOW OFTEN	HOW LONG		
HAVE YOU OR ANYONE ELSE THOUGHT THAT YOU HAD A PROBLEM WITH THIS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A PERIOD OF ABSTINENCE FROM THIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	

3) SUBSTANCE	LAST USED	AMOUNT	ROUTE OF ADMINISTRATION
HOW OFTEN	HOW LONG		
HAVE YOU OR ANYONE ELSE THOUGHT THAT YOU HAD A PROBLEM WITH THIS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A PERIOD OF ABSTINENCE FROM THIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	

4) SUBSTANCE	LAST USED	AMOUNT	ROUTE OF ADMINISTRATION
HOW OFTEN	HOW LONG		
HAVE YOU OR ANYONE ELSE THOUGHT THAT YOU HAD A PROBLEM WITH THIS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A PERIOD OF ABSTINENCE FROM THIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	

5) SUBSTANCE	LAST USED	AMOUNT	ROUTE OF ADMINISTRATION
HOW OFTEN	HOW LONG		
HAVE YOU OR ANYONE ELSE THOUGHT THAT YOU HAD A PROBLEM WITH THIS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A PERIOD OF ABSTINENCE FROM THIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	



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6) SUBSTANCE	LAST USED	AMOUNT	ROUTE OF ADMINISTRATION
HOW OFTEN	HOW LONG		
HAVE YOU OR ANYONE ELSE THOUGHT THAT YOU HAD A PROBLEM WITH THIS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A PERIOD OF ABSTINENCE FROM THIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	

7) SUBSTANCE	LAST USED	AMOUNT	ROUTE OF ADMINISTRATION
HOW OFTEN	HOW LONG		
HAVE YOU OR ANYONE ELSE THOUGHT THAT YOU HAD A PROBLEM WITH THIS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A PERIOD OF ABSTINENCE FROM THIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	

8) SUBSTANCE	LAST USED	AMOUNT	ROUTE OF ADMINISTRATION
HOW OFTEN	HOW LONG		
HAVE YOU OR ANYONE ELSE THOUGHT THAT YOU HAD A PROBLEM WITH THIS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A PERIOD OF ABSTINENCE FROM THIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	

9) SUBSTANCE	LAST USED	AMOUNT	ROUTE OF ADMINISTRATION
HOW OFTEN	HOW LONG		
HAVE YOU OR ANYONE ELSE THOUGHT THAT YOU HAD A PROBLEM WITH THIS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A PERIOD OF ABSTINENCE FROM THIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	

10) SUBSTANCE	LAST USED	AMOUNT	ROUTE OF ADMINISTRATION
HOW OFTEN	HOW LONG		
HAVE YOU OR ANYONE ELSE THOUGHT THAT YOU HAD A PROBLEM WITH THIS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A PERIOD OF ABSTINENCE FROM THIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	

*PLEASE FILL OUT MORE COPIES OF THIS PAGE IF YOU HAVE ADDITIONAL SUBSTANCES TO LIST.

**PLEASE NOTE RANDOM DRUG SCREENING WILL BE REQUIRED AT THE DISCRETION OF YOUR MEDICAL PROVIDER.

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PLEASE INITIAL AND DATE



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PREVENTION OF SUBOXONE INDUCED WITHDRAWAL SYMPTOMS IS THE PRIMARY REASON FOR THE WAITING PERIOD AFTER STOPPING OTHER OPIATES AND BEFORE STARTING SUBOXONE. STARTING SUBOXONE MAY CAUSE OPIATE WITHDRAWAL IF TAKEN TOO SOON AFTER YOUR LAST OPIATE USE. THEREFORE IT IS IMPERATIVE THAT YOU ACCURATELY REPORT YOUR LAST OPIATE USE.

RECOMMENDED WAIT TIME BETWEEN LAST OPIATE USE AND STARTING SUBOXONE

DILAUDID - 12 TO 24 HOURS

FENTANYL - 48 TO 72 HOURS AFTER PATCH REMOVAL

HEROIN - 12 TO 24 HOURS

HYDROCODONE - 12 TO 24 HOURS

METHADONE - 72 TO 96

HOURS MORPHINE - 12 TO 24 HOURS

OXYCODONE - 48 TO 72 HOURS

OPIATE USED:

DILAUDID	AMOUNT	LAST TIME USED
FENTANYL	AMOUNT	LAST TIME USED
HEROIN	AMOUNT	LAST TIME USED
HYDROCODONE	AMOUNT	LAST TIME USED
METHADONE	AMOUNT	LAST TIME USED
MORPHINE	AMOUNT	LAST TIME USED
OXYCODONE	AMOUNT	LAST TIME USED

NAME: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____