APPLICATION FOR ADMISSION TO ADDICTION MEDICINE PROGRAM AT MARQUETTE GENERAL BEHAVIORAL HEALTH SERVICES FOR BUPRENORPHINE (Suboxone) THERAPY

In order to be considered for admission to the Addiction Medicine Program for Buprenorphine (Suboxone) therapy at Marquette General Behavioral Health Services, you must first complete the enclosed application. This application includes:

1) Application for Admission (this form)
2) Personal Data Form
3) Summary of Chemical Use
4) Treatment Contract for Suboxone (Buprenorphine) Therapy

All applicants must be actively involved in substance abuse counseling in order to be considered for admission. Applications returned without a copy of a substance abuse assessment and letter from a current addiction counselor, recommending treatment with buprenorphine, will automatically be rejected.

Please be aware that we have a very limited number of patients that we can accept for treatment with buprenorphine. Applications will be reviewed against established criteria to identify patients who are most likely able to benefit from treatment with buprenorphine. It is absolutely essential that you carefully and completely answer all questions.

Incomplete applications will automatically be rejected.

You can expect one of three possible responses within 2-4 weeks of our receipt of the application:

1) Invitation to meet with the physician for a medical exam and interview.
2) Letter notifying you that your application has been denied.
3) Notification that you have been placed on a waiting list.

The invitation to meet with the physician does not mean that you have been accepted into the program. The final determination for eligibility to receive treatment with buprenorphine is made at the appointment with the physician.

Fees/Costs:
Marquette General Behavioral Health Services is able to accept most forms of public and private health insurance to cover costs. You will be made aware of any co-pays or deductibles prior to your first visit. Payment is due at the time of service.

If you do not have health insurance, the initial appointment will be $232. Follow-up appointments will be $104.

You can expect to be paying anywhere from $16 - $20 (or more, depending on dosage) per day for the buprenorphine.
Marquette General Behavioral Health Services
Application for Buprenorphine Therapy

SCREENING QUESTIONNAIRE

Name:________________________________________ DOB:____________________

Today’s Date: _________________________________

Mailing Address: _________________________________________________________

Phone/Cell Number: _____________________________

Can we contact you by phone?  _____yes     _____no

Can we leave a message?   _____yes   _____no

Insurance: __________________________________________

Please provide the name of our substance abuse counselor and agency. Contact your substance abuse counselor and request a copy of your assessment and a letter of referral. Include these items with this application.
________________________________________________________________________

Please answer the following questions: If enough space is not provided for your answer, attach additional pages or write on back.

1) Why are you interested in buprenorphine treatment and what are your treatment goals?  _____To be clean and sober (off all drugs and alcohol)
   _____To be clean from opiates/narcotics
   _____Other (please describe your goal)

2) Are you currently using any illicit (illegal or non-prescribed) drugs or alcohol? If so, what are you using and how much?

3) Are you currently being prescribed buprenorphine?  _____yes     _____no
   If yes, please provide name of prescribing physician:__________________

4) Have you ever been legally prescribed buprenorphine?  _____yes     _____no
   If yes, a. Name of physician: ______________________________________
   b. Dates that you were prescribed buprenorphine: (start and stop dates)
   c. Reason for discontinuing:
Marquette General Behavioral Health Services
Application for Buprenorphine Therapy

5) Are you currently in a Methadone program? _____yes _____no
   If yes, please contact prescribing physician and request a letter of referral. Include this with the application.

6) Are you currently being treated for any medical problems? _____yes _____no
   If yes, list medical problems and physician/s providing treatment

7) Are you enrolled in the Michigan Marihuana Program?
   _____yes
   _____no
   _____I have applied, or plan to apply, for enrollment.

8) Are you currently being treated for any mental health or psychiatric problems? _____yes _____no
   If yes, what are you being treated for and who is providing treatment?

9) Females: Are you pregnant? _____yes _____no _____not sure

10) Have you ever been told you have Hepatitis or that your liver enzymes are elevated? _____yes _____no

11) Is anyone in your home actively addicted to alcohol/drugs? If yes, who?

12) What supports do you have for your recovery?

13) Is there any additional information that you would like us to know in consideration of your application? (Use separate sheet of paper or write on back, if necessary.)
Drug Abuse Screening Test (DAST-10), Drug Use Questionnaire

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is “Yes” or “No.” Then circle the appropriate response beside the question.

In the following statements “drug abuse” refers to

- The use of prescribed or over-the-counter drugs in excess of the directions, and
- Any nonmedical use of drugs.
- The various classes of drugs may include cannabis (e.g., marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., lysergic acid diethylamide [LSD]), or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a question, then choose the response that is mostly right.

These Questions Refer to the Past 12 Months

1. Have you used drugs other than those required for medical reasons?     Yes No
2. Do you abuse more than one drug at a time?     Yes No
3. Are you always able to stop using drugs when you want to?     Yes No
4. Have you ever had blackouts or flashbacks as a result of drug use?     Yes No
5. Do you ever feel bad or guilty about your drug use?     Yes No
6. Does your spouse (or parents) ever complain about your involvement with drugs?     Yes No
7. Have you neglected your family because of your use of drugs?     Yes No
8. Have you engaged in illegal activities in order to obtain drugs?     Yes No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?     Yes No
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?     Yes No

Send Completed Applications to:

Patricia Ellison, CADC
Marquette General Behavioral Health
580 W. College Ave.
Marquette, MI 49855
Marquette General Behavioral Health Services
Application for Buprenorphine Therapy

Checklist for Application:

_____ Application (this form)
_____ Personal Data Form
_____ Summary of Chemical Use
_____ Treatment Contract
_____ Letter of Referral and Records from Substance Abuse Service Provider.

If APPLICABLE:

_____ Letters of Referral and Records from Physician Currently Prescribing Methadone or Buprenorphine