

Medical Clinician Checklist & Progress Note
Week 01 Visit 1B

Node #	Site #	Participant ID	Date

Assessments to be Completed/Reviewed:

- | | | | |
|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| Vital Signs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Urine Drug Screen | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Visual Analog Scales | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Abbreviated Pain Inventory | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Prior/Concomitant Medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Concomitant Treatments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| COWS <i>Score: _____</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| AE or SAE Evaluation (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| SMM Session Attendance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Medication Accountability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Dose ____ mg

Most recent Urine toxicology Results:

Opioids Oxycodone Cocaine Benzo Other: _____
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Heroin/Cocaine or other illicit drug use since last visit?

Symptoms or signs that might imply relapse? (Changes in mood, physical appearance)

Coping strategies, treatment benefits realized? (Triggers avoided, routines established)

Since the last visit, are there any problems with the following:

If yes, explain

Drug Use Yes No

Alcohol Use Yes No

Psychiatric Yes No

Medical Yes No

Employment Yes No

Social/Family Yes No

Legal Yes No

Any new problem to add to Treatment Plan Review Yes No _____

Plan to address any new problem _____

Participation in Narcotics Anonymous or
Alcoholics Anonymous since last visit? Yes No

Length of session _____

Notes: _____

Was the session recorded? Yes No
If No, reason _____

Next Appointment: ___/___/___ @ ___:___ AM/PM N/A

Staff Signature _____ Date ___/___/___