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# Opioid Use Disorder: Initial Evaluation Template

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## Introduction

This template can be downloaded and adapted for your charting, or you can use it as a guide to remind you of important topics to cover during the initial interview.

## Identifying Data

- Name:
- Age:
- Demographic information:

## History of Present Illness (Focused on Opioid Use)

### *Assessment of current opioid use:*

- Type of opioid used: prescription pills (ask about source: pharmacy vs counterfeit), heroin, fentanyl
- Route of administration: intranasal (“sniffing,” “snorting”), intravenous (“shooting,” “mainlining”), subcutaneous (“skin popping”)
- Amount used:
  - Prescription analgesics are typically described in milligrams.
  - Illicit opioids are quantified in “bags.” Bag size can be 25–100 mg, and the purity of what the bag contains is variable. Ten bags = 1 “bundle.” Use of >1 bundle a day is heavy use. Five bundles or 50 bags = 1 “brick.”
- Frequency of use: most common is 2–6 times daily
- Duration of most recent period of use
- Time of most recent use

### *Assessment of prior opioid use:*

- Age of first use
- Total duration of use
- Period of heaviest use
- History of overdose
- History of hospitalization
- History of receiving naloxone

### *Negative consequences of opioid use:*

- Medical consequences:
- Social or interpersonal problems:
- Impaired ability to fulfill role obligations (work, school, home):
- Overdose history:

### *Treatment history:*

- Medications for opioid use disorder (MOUD) (buprenorphine, methadone, naltrexone)
- Rehabilitation/residential treatment
- 12-step program participation
- Individual and/or group therapy
- Sober housing
- How long was the longest period of sobriety? How was the patient able to achieve that?
- What treatments worked and why? What treatments didn’t work and why?

### *Other substance use history:*

- Other substances the patient uses, severity of use, and treatment history

## Past Psychiatric History (Non-Substance Use Disorders)

- Previous psychiatric diagnoses
- Past psychiatric medications
- Previous psychiatric hospitalizations
- Suicidal ideation, prior attempts (especially if an attempt involved opioids)

## Medical History

*Assessment of comorbid medical conditions:*

- Respiratory conditions, such as COPD and sleep apnea, can increase risk of overdose
- Cardiac conditions can limit treatment options (ie, methadone)
- Liver and renal disease can impact drug metabolism and could require dosing adjustments
- Infectious diseases, such as skin infections, HIV, hepatitis B, or hepatitis C, may require some integrated care
- Comorbid pain conditions could make treatment challenging and could necessitate referral to a pain specialist
- Obtain a current medication list, paying particular attention to CNS depressants and medications that can interact with MOUDs

## Social History

Assess the patient's living situation: homelessness, access to transportation, ability to regularly access treatment, potential work conflicts, what treatments they can afford.

## Mental Status Exam

Pay particular attention to signs of opioid intoxication (slurred speech, slowed cognition, drowsiness) and opioid withdrawal (anxiety, irritability, appearing "sick").

## Labs

- *Basic labs:* complete blood count, electrolyte panel, kidney function, liver function
- *Transmissible disease panel:* HIV antibody, syphilis, tuberculosis (skin test or QuantiFERON), hepatitis B (HBsAg, anti-HBs, anti-HBc), and hepatitis C (antibody with reflex HCV RNA test)
- *Urine drug screening:* fentanyl and methadone may need to be added separately; consider confirmatory testing for positive or otherwise suspicious results

## Assessment and Plan

*Pharmacological interventions:*

- If buprenorphine, lay out induction plan (home vs clinic vs inpatient). Is the patient in sufficient withdrawal now to proceed with induction? Is microdosing preferred?
- If methadone, where might the patient follow up?
- If injectable naltrexone, when will the patient be ready for the first dose? Who will administer it and where?

*Other psychotherapeutic services, social support/resources:*

- Referral to psychotherapy?
- Social services (including housing assistance, supportive employment, food assistance, legal services)?

*Follow-up plan:*

- Date of next follow-up:
- Specify modalities (face to face vs telehealth):