

ALTMED MEDICAL CENTER, INC, 8714 SUDLEY ROAD, MANASSAS, VA 20110, PH: 703-361-4357
THERAPY PROGRESS REPORT

(Adapted from Subjective Opiate Withdrawal Scale)

Patient Name _____ Medication dose _____ mg/day Date _____

B/P : /	<u>ALLERGIES:-</u>
PULSE:	
TEMP:	

COMPLETED BY PATIENT

Circle the answer that best fits the way you feel now

Not at all

Extremely

I feel anxious	0	1	2	3	4	5	6	7	8	9	10
I feel like yawning	0	1	2	3	4	5	6	7	8	9	10
I am perspiring	0	1	2	3	4	5	6	7	8	9	10
My nose is running and/or my eyes are watery	0	1	2	3	4	5	6	7	8	9	10
I have goose bumps and/or chills	0	1	2	3	4	5	6	7	8	9	10
I feel nauseated or like I may need to vomit	0	1	2	3	4	5	6	7	8	9	10
I have stomach cramps and/or diarrhea	0	1	2	3	4	5	6	7	8	9	10
My muscles twitch	0	1	2	3	4	5	6	7	8	9	10
I feel dehydrated and/or have not had much appetite	0	1	2	3	4	5	6	7	8	9	10
I am having difficulty sleeping	0	1	2	3	4	5	6	7	8	9	10
I have a headache	0	1	2	3	4	5	6	7	8	9	10
My muscles and bones ache	0	1	2	3	4	5	6	7	8	9	10
I feel like using right now	0	1	2	3	4	5	6	7	8	9	10
I would rate my overall level of withdrawal as	0	1	2	3	4	5	6	7	8	9	10

Do you feel you need a dosage change?	No	Yes	Up	Down
Have you used alcohol or other drugs since your last visit?	No	Yes		
If "yes," please describe what, when, and how much				

Please describe any life changes, triggers, or stressors that have occurred since your last visit

COMPLETED BY PATIENT

List your ideas and plan to cope with these life changes, triggers, or stressors. _____

What are the new skills you learned in counseling since your last appointment? _____

Have you applied these new skills in your life? If yes, are they helping? _____

What is your next short-term goal? _____

COMPLETED BY COUNSELOR

How often has the patient been attending counseling? _____

Describe the patient's progress since his or her last doctor's appointment. _____

Counselor signature _____ Date _____

COMPLETED BY PHYSICIAN

S/O)	
A)	P)
Follow Up Weeks	

Other medical conditions that need treatment? _____

Dose adjustment necessary? N Y New dose _____

Other medications necessary? N Y (list) _____

Is the patient receiving the psychosocial support considered necessary? N Y

Do the benefits of treatment outweigh the risks of accidental overdose, misuse, and abuse? N Y

Is the patient making adequate progress toward treatment goals? N Y