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**Interview Questionnaire: Physician**

Name of Physician: \_     \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_     \_\_\_\_\_\_\_\_\_\_

Address: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite: \_\_     \_\_\_\_\_

City: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_     \_\_\_\_\_\_\_ Zip: \_\_     \_\_\_\_\_\_\_\_

Phone: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_

Website:\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have an M.D. or D.O. medical degree? \_     \_\_\_\_\_
2. Any specialty certifications? Yes  No If yes, \_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Where did you obtain your medical degree, and how long have you practiced? \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you treat patients with drug or alcohol addiction? Yes No
5. Are you trained as an addiction specialist? Yes No
6. If not, what training have you had in working with addictions?

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7. Do you utilize medication therapy to treat some addictions? Yes No

8. a. Do you prescribe either Methadone, Suboxone, or Probuphine for an opioid addiction? Yes No

Specify:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. If my child is noncompliant in taking Methadone or Suboxone (buprenorphine), have you been certified and trained

to implant the needles containing long-acting time-released Probuphine? Yes No

9. If yes, what is your typical protocol and time frame for how long these medications are prescribed?

1 week for detox only  <1 month  2-3 months  6 months  1 year or as medically necessary

10. How frequently do you require doctor visits be made? x2 week  x1 week  x2 month  x1 monthly  other \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What is your customary fee for visits and lab or drug testing? $ \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Do you accept my insurance coverage? Yes No

13. What counselors or rehabs do you recommend? \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your impression:\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your Rating:  No way  So-So  Good  Very Good  Excellent  Yes, this is the one.

Needed followup to make decision: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Decision needed by when? \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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