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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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