

**BUPRENORPHINE DETOXIFICATION SERVICES**  
**Narcotic Treatment Program Licensing Branch**  
**On-Site Inspection Worksheet**  
**Patient Record Review**

Patient Record Number:		Program License Number:		Date(s) of Review			
Admission Date:	Discharge Date:		Male ___ Female ___	Counselor Name:			
Licensing Analyst:		Type of Inspection: Annual ___ Follow-up ___ Complaint ___					
<b>ADMISSION</b>							
<b>1. ADMISSION CRITERIA</b>		<b>REGULATION(S)</b>			<b>C</b>	<b>N</b>	<b>N</b>
CADDs Admission Form Completed							
Counseling on Transmission/Prevention of HIV		42 CFR 8.12 (f)(5)(ii)					
Patient Statement Not in Treatment Elsewhere		42 CFR 8.12 (g)(2)					
Consent to Treatment, Signed, and Patient Acknowledgement of Receiving Copy of Consent		42 CFR 8.12 (e)(1)					
Consent to Any Release of Information		42 CFR Part 2, Sec. 2.31					
<b>2. MEDICAL EVALUATION - MD Signature</b>		<b>REGULATION(S)</b>			<b>C</b>	<b>N</b>	<b>N</b>
Physical Examination		42 CFR 8.12 (f)(2)					
Serology Test		42 CFR 8.12 (f)(2)					
TB Test (Refer to NTPLB Policy Letter 98-02)		42 CFR 8.12 (f)(2)					
Evidence Used for Dependence		42 CFR 8.12 (e)(4)					
Initial Body Specimen Posted		42 CFR 8.12 (f)(2)					
<b>3. TREATMENT PLANS/COUNSELING</b>		<b>REGULATION(S)</b>			<b>C</b>	<b>N</b>	<b>N</b>
Primary Counselor Assigned		42 CFR 8.12 (f)(5)					
Initial Needs Assessment Completed w/ Signatures		42 CFR 8.21 (f)(4)					
Individual Txt Plan		42 CFR 8.12 (f)(4)					
Type and Frequency of Services Identified		42 CFR 8.12 (f)(4)					
<b>PROGRAM SERVICES</b>							
<b>1. COUNSELING</b>		<b>REGULATION(S)</b>			<b>C</b>	<b>N</b>	<b>N</b>
Counseling Notes		42 CFR 8.12 (f)(4)					
Type and Frequency of Services Met		42 CFR 8.12 (f)(5)					
<b>2. DOSAGE ISSUES</b>		<b>REGULATION(S)</b>			<b>C</b>	<b>N</b>	<b>N</b>
Reason for Each MD Change		42 CFR 8.12 (h)(4)					