

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

Patient Record Number:		Patient Dose:		Program License Number:						
Admission Date:		Discharge Date:		Male ____		D/MC ____		Counselor Name: _____		
				Female ____						
Date(s) of Review: _____				Licensing Analyst _____		Type of Inspection: Annual ____ Follow-up ____ Complaint ____				
TREATMENT PLANS/COUNSELING				REGULATION(S)				C	N	N
								C	C	A
Frequency of Counseling Services				42 CFR 8.12 (f) (5)						
Initial Treatment Plan/Periodic Treatment Plan				42 CFR 8.12						
Summary of Progress of Counseling				42 CFR 8.12 (f)(4) and (f)(5)(i)						
Mental/Physical Problems Documented				42 CFR 8.12 (f)(4)						
BODY SPECIMEN TESTING				REGULATION(S)				C	N	N
								C	C	A
Random/Surprise Element				42 CFR 8.12 (f)(6)						
Body Specimen Testing Completed				42 CFR 8.12 (f)(6)						
Body Specimen Results Posted in Patient Record				42 CFR 8.12 (f)(2)						
DOSAGE ISSUES				REGULATION(S)				C	N	N
								C	C	A
Reason for Each MD Change				42 CFR 8.12 (h)(4)						
Consent to Any Release of Information				42 CFR Part 2, Sec 2.31						
TAKE-HOME MEDICATION				REGULATION(S)				C	N	N
								C	C	A
Meets Criteria for Take-Home Medication Privileges				42 CFR 8.12 (i)(2)						
PREGNANT PATIENTS				REGULATION(S)				C	N	N
								C	C	A
MD Confirms PG, Prog. Treats or Pt. Under Care of OB/GYN within 14 Days of Program Knowledge of Pregnancy				42 CFR 8.12 (f)(3)						