



Patient Urine Drug Screen and Medication Count Monitoring Form

Patient's Name: _____ **Dates To Be Called:** _____

Called for:

- Urine Drug Screen
- Medication Count at Office or Pharmacy FOR: _____
- Buprenorphine/Naloxone
- Other (list drug: _____, _____, _____)

Documentation of Phone Call to Patient

Patient was called at _____ (insert phone #) on _____ (date) at _____:_____ (time) and informed of monitoring required (described above) within the next _____ hours.

Check One:

- I spoke with patient
- Message left on answering machine/voicemail
- Message left with _____
- Other _____

Signature of Staff Member Making Phone Call: _____

M. Lofwall, February 27, 2017 (personal communication). Adapted with permission.