

Medications for Opioid Use Disorder

For Healthcare and Addiction Professionals, Policymakers, Patients, and Families

UPDATED 2020

TREATMENT IMPROVEMENT PROTOCOL

TIP 63



SAMHSA

Substance Abuse and Mental Health
Services Administration



Sample Provider Forms

General forms

Goal-Setting Form

Patient's Name: _____ Date: _____

GOAL CATEGORY	CURRENT SITUATION SCORE 10 = major problems and 0 = no problems	What would need to change to decrease this score?	PRIORITY SCORE 10 = highest priority ("I really want to work on this") and 1 = lowest priority ("I really do not want to work on this")
Opioid use			
Other illicit drug use: _____			
Alcohol use			
Tobacco use			
Physical health			
Mental health			
Legal/court issues			
Finances			
Job/employment			
Hobbies			
Family relations			
Partner relations			
Supportive drug-free network			
Education			
Keeping medication safe (e.g., not giving it away, selling it, having it stolen)			
Other			
Other			

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



Goal Sheet and Coping Strategies Form

Goals are things you would like to accomplish.

Patient's Name: _____ Date: _____

3-MONTH GOALS

- 1 _____

- 2 _____

- 3 _____

6-MONTH GOALS

- 1 _____

- 2 _____

- 3 _____

1-YEAR GOALS

- 1 _____

- 2 _____

- 3 _____

List of Triggers to Using Drugs

People To Stay Away From

Places To Stay Away From

Ways To Cope or Manage Stress Without Using Drugs

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