

APPENDIX 9

MEDICATION PROVIDER VISIT FLOW SHEET

Due date: _____

Medication/dose: _____

Symptoms of withdrawal (check all withdrawal symptoms/physical findings that apply):

- Craving
- Sweating
- Lacrimation
- Runny nose
- Gooseflesh
- Yawning
- Abdominal pain
- Diarrhea

Have you seen a substance abuse counselor in the last week? _____

When is the next appointment with your obstetric care provider? _____

Have you seen community-based nursing recently? _____