



WILP SI'SATXW COMMUNITY HEALING CENTRE

Box 429, Kitwanga, BC, V0J 2A0 Ph:

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info@wilpchc.ca

METHODONE & SUBOXONE CONTRACT

Client Name: _____ Date: _____

Start Date on Suboxone or Methadone (select one) was on: _____

My current therapeutic dose is: _____ and the most recent change was on this date: _____

This must meet the 2 months (Suboxone) and 4 months (Methadone) stabilization period prior to coming to Wilp Si' Satxw. This means the dosage will not have been changed and it will not be changed while at Wilp Si' Satxw.

Prescribing Physician: _____ Clinic Address: _____

Ph: _____ Fax: _____

Please send a faxed copy of the scripts to: **3 Rivers Pharmacy, Ph: (250) 842 6040, Fax: (250) 842 0154** and ensure the hard copy is brought to be dropped off upon client arrival when accepted into the program.

Please initial all boxes to acknowledge you understand and will follow these guidelines:

- I agree that I will have 2 weeks of fully sobriety or more prior to coming.
- I agree that I will have been stabilized on suboxone or methadone prior to coming.
- I acknowledge that I will take medications at the given time by the nurse or designate.
- I acknowledge that there will be no changes to suboxone or methadone dosages. I agree to a random urine test if required by the nurse at Wilp Si' Satxw.
- I acknowledge that Wilp Si' Satxw is a rural treatment facility and I am medically stable prior to coming unless otherwise discussed with Wilp Si' Satxw.
- I agree to work with my physician to have the scripts filled for both your travel and stay at Wilp Si' Satxw prior to coming.
- I acknowledge that if I leave early that I will be given my travel carries only, the rest will be disposed of accordingly.
- I acknowledge that I have sent a faxed copy of my prescriptions to: 3 Rivers Pharmacy
- I acknowledge that if I do not follow with these guidelines that I may be sent home.

****NOTE: Max daily dose cannot exceed 20mg of Suboxone or 70mg of Methadone. Kaidian is not accepted at this time.****

Client's Signature: _____ Date: _____