**Individual Visits: Detailing Session Notes Form**

**Other Topics:**

**6**. Naloxone

**7**. Harm Reduction

**8**. Titration

**9**. Inherited Patients

**10**.Other (*describe in notes*)

**Key Messages List:**

**1**. Start Low and Go Slow (i*ncludes calculating doses)*

**2**. Use Non-Opioid Treatment

**3**. Review the PDMP

**4**. Avoid Concurrent Prescribing

**5**. Offer Treatment or Referral for OUD *(Opioid Use Disorder)*

|  |  |  |
| --- | --- | --- |
|  |  | **Notes:** |
| **Clinician Name:** |  |  |
| **Clinic:** |  |  |
| **Visit Occurred:** |  |  |
| **Length of Visit:** |  |  |
| **General Reception:** |  |  |
| **Key Messages Covered:** |  |  |
| **Other topics covered** |  |  |
| **Commitment and Time Period** |  |  |
| **Follow-up visit plans** |  |  |
| **Resources Offered** |  |  |
| **Resources to send** |  |  |
| **Other Notes** |  |  |