

**PREMIER HEALTH CENTER  
409 WAKE CHAPEL RD,  
FUQUAY VARINA, NC 27526**

**PHONE: 919-567-9001 FAX: 919-557-5540**

**PATIENT NAME:**

**DATE OF BIRTH:**

**TODAYS DATE:**

**PLEASE CIRCLE ONE:**

**ARE YOU.....**

|                                                                             |                                           |                          |
|-----------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| <p><b>OPIOID DEPENDENT<br/>(INQUIRING ABOUT<br/>SUBOXONE TREATMENT)</b></p> | <p><b>SEEKING PAIN<br/>MANAGEMENT</b></p> | <p><b>OR NEITHER</b></p> |
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