

Notification of drug dependent person - FOR PRISON USE ONLY

Drugs, Poisons and Controlled Substances Act 1981



This form may be used to notify of the intention to treat a prisoner who is a drug dependent person with a drug of dependence.

Details of up to four (4) patients may be included per form.

The notification may be submitted at the end of each day.

Date of Notification: _____ / _____ / _____ **Practitioner's Name:** _____

Name of Prison: _____ **Signature:** _____

Patient details (Please complete details below or stick over with patient label)	I have reason to believe that the patient is drug-dependent and my belief is based on the following grounds:
Patient name: _____ DOB: _____ / _____ / _____ CRN: _____ Aliases: _____	<input type="checkbox"/> Current misuse of pharmaceutical drugs <input type="checkbox"/> Current misuse of illicit drugs <input type="checkbox"/> Is receiving ORT in the community <input type="checkbox"/> Other _____ I intend to treat the patient with: <input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Other drug _____
Patient name: _____ DOB: _____ / _____ / _____ CRN: _____ Aliases: _____	<input type="checkbox"/> Current misuse of pharmaceutical drugs <input type="checkbox"/> Current misuse of illicit drugs <input type="checkbox"/> Is receiving ORT in the community <input type="checkbox"/> Other _____ I intend to treat the patient with: <input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Other drug _____
Patient name: _____ DOB: _____ / _____ / _____ CRN: _____ Aliases: _____	<input type="checkbox"/> Current misuse of pharmaceutical drugs <input type="checkbox"/> Current misuse of illicit drugs <input type="checkbox"/> Is receiving ORT in the community <input type="checkbox"/> Other _____ I intend to treat the patient with: <input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Other drug _____
Patient name: _____ DOB: _____ / _____ / _____ CRN: _____ Aliases: _____	<input type="checkbox"/> Current misuse of pharmaceutical drugs <input type="checkbox"/> Current misuse of illicit drugs <input type="checkbox"/> Is receiving ORT in the community <input type="checkbox"/> Other _____ I intend to treat the patient with: <input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Other drug _____

NOTIFICATION OF DRUG DEPENDENT PERSON – NOTIFICATION UNDER SECTION 33

Section 33 of the *Drugs, Poisons and Controlled Substances Act 1981* requires a medical practitioner or nurse practitioner who has reason to believe that a patient is a drug dependent person to notify the Department where:

- the patient seeks prescription of a Schedule 8 or Schedule 9 poison, or a Schedule 4 poison which is also a drug of dependence, or
- the practitioner intends to treat or is treating the patient with a Schedule 8 or Schedule 9 poison, or a Schedule 4 poison which is also a drug of dependence.

IMPORTANT NOTICE ABOUT PRIVACY

It is a requirement of the *Drugs, Poisons and Controlled Substances Act 1981* (the Act) that the information set out in this form is provided to the Department of Health & Human Services to meet statutory notification requirements, and for the issuing of permits as required under the Act. The collection, use and disclosure of the information provided will be in accordance with the law, including the provisions of the *Health Records Act 2001*. The information collected may be disclosed to health practitioners practising in the following health professions: medical, nursing and midwifery and pharmacy, when necessary to facilitate coordination of the patient's drug treatment and safe prescribing of drugs. For example, it may be necessary to disclose this information when another health practitioner applies for a permit or is considering prescribing a drug of dependence. The notification may not be processed if all information requested on the form is not completed.

Further information about privacy or about Victorian drugs and poisons legislation may be obtained by calling Drugs and Poisons Regulation (DPR) on 1300 364 545 or visiting the DPR website at:

www.health.vic.gov.au/dpcs.