

Notification of termination of methadone or buprenorphine program

Drugs, Poisons and Controlled Substances Act 1981



This form can be used to cancel a permit to treat an opioid dependent person with methadone or buprenorphine held by the notifying practitioner.

(Please print **legibly** in block letters and provide all information)

PREScriBER DETAILS

SURNAME (FAMILY NAME)				FIRST NAME			
PRACTICE ADDRESS							
SUBURB/TOWN				POSTCODE			
QUALIFICATIONS		TELEPHONE		FAX			
EMAIL ADDRESS							

I notify that the following patient is no longer attending for treatment on a program incorporating methadone or buprenorphine.

Signature:..... **Date:**.....

PATIENT DETAILS

SURNAME (FAMILY NAME)				FIRST NAME			
ADDRESS							
SUBURB/TOWN				POSTCODE			
DATE OF BIRTH (DAY/MONTH/YEAR)		SEX		MALE <input type="radio"/>		DPR NUMBER (IF KNOWN)	
		FEMALE <input type="radio"/>					

PROGRAM DETAILS

WHAT DRUG WAS LAST ADMINISTERED?	WHAT WAS THE LAST DOSE (mg)?	DATE OF LAST DOSE ADMINISTERED (DD/MM/YYYY):
METHADONE <input type="radio"/>		
BUPRENORPHINE <input type="radio"/>		

PHARMACY DETAILS

DOSES OBTAINED FROM (NAME OF PHARMACY OR OTHER DOSING POINT)							
ADDRESS							
SUBURB/TOWN				POSTCODE			
TELEPHONE		FAX					

REASON FOR TERMINATION

<input type="checkbox"/> Transferred to another practitioner	<input type="checkbox"/> Did not commence program
<input type="checkbox"/> Hospitalised	<input type="checkbox"/> Discharged from hospital
<input type="checkbox"/> Imprisonment	<input type="checkbox"/> Released from prison
<input type="checkbox"/> Ceased to dose methadone/buprenorphine	<input type="checkbox"/> Completed program
<input type="checkbox"/> Requested to leave by doctor	<input type="checkbox"/> Deceased
<input type="checkbox"/> Other _____	

DRUGS AND POISONS REGULATION
 tel: 1300 364 545 fax: 1300 360 830 email: dpcs@health.vic.gov.au



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 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: <http://www.health.vic.gov.au/dpcs>.