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 <u>all</u> 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 ○
FEMALE ○

DPR NUMBER (IF KNOWN)

PROGRAM DETAILS

WHAT DRUG WAS LAST ADMINSTERED?

METHADONE ○
BUPRENORPHINE ○

WHAT WAS THE LAST DOSE (mg)?

DATE OF LAST DOSE ADMINISTERED (DD/MM/YYYY):

PHARMACY DETAILS

DOSES OBTAINED FROM (NAME OF PHARMACY OR OTHER DOSING POINT)

ADDRESS

SUBURB/TOWN

POSTCODE

TELEPHONE

FAX

REASON FOR TERMINATION

☐ Transferred to another practitioner

☐ Did not commence program

☐ Hospitalised

☐ Discharged from hospital

☐ Imprisonment

☐ Released from prison

☐ Ceased to dose methadone/buprenorphine ☐ Completed program

☐ Requested to leave by doctor

☐ Deceased

☐ Other _____

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

State Government
Victoria

Department of Health and Human Services

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 and 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: http://www.health.vic.gov.au/dpcs.