

Notification of release from prison of a patient treated with methadone or buprenorphine for opioid dependence

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



NOTIFIER DETAILS

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

I notify that the following patient has been treated with methadone or buprenorphine for opioid dependence and has now been released from prison.

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

PATIENT DETAILS

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

TREATMENT HISTORY WHILE IN PRISON

WHERE WAS THE LAST DOSE ADMINISTERED (IF DIFFERENT TO ABOVE)?				TELEPHONE			
WHAT DRUG WAS LAST ADMINISTERED?		WHAT WAS THE LAST DOSE (mg)?		DATE OF LAST DOSE ADMINISTERED:			
METHADONE <input type="radio"/>							
BUPRENORPHINE <input type="radio"/>							

POST-RELEASE ARRANGEMENTS

HAVE ARRANGEMENTS BEEN MADE FOR TREATMENT POST-RELEASE? YES NO

IF YES, NAME OF PRACTITIONER:

SUBURB/TOWN				TELEPHONE			

NAME OF COMMUNITY PHARMACY:

SUBURB/TOWN				TELEPHONE			

IF A PRESCRIPTION HAS BEEN WRITTEN FOR THE PATIENT FOR METHADONE OR BUPRENORPHINE BY A PRISON MEDICAL OFFICER TO TREAT FOR A PERIOD POST-RELEASE, PLEASE PROVIDE DETAILS OF THAT PRESCRIPTION.

WHAT WAS THE DRUG PRESCRIBED?		DOSE PRESCRIBED (mg)?		NO. OF DAYS TREATMENT PROVIDED (PLEASE CIRCLE):			
METHADONE <input type="radio"/>				1 2 3 4 5 6 7			
BUPRENORPHINE <input type="radio"/>							

NOTE: A PRISON MEDICAL OFFICER IS AUTHORISED TO PRESCRIBE UP TO 7 DAYS TREATMENT WITHOUT THE NEED TO OBTAIN A PERMIT. A PERMIT MUST BE OBTAINED IF THE TREATMENT IS TO EXCEED 7 DAYS.

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



IMPORTANT NOTICE ABOUT PRIVACY

The information set out in this form is provided to the Department of Health and Human Services to facilitate with statutory notification requirements and the issue of permits as required under the *Drugs, Poisons and Controlled Substances Act 1981*. 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>.