

CONFIDENTIAL



NOTICE OF DRUG DEPENDENCY

Section 59 Poisons Act 1971

DETAILS MUST BE COMPLETED **LEGIBLY** TO PREVENT DELAY
TICK DATA AS APPROPRIATE. PLEASE USE BLOCK LETTERS

I, Dr				
of:				
(ADDRESS OF MEDICAL PRACTITIONER)				
Postcode:				
Telephone number: ()	Fax number: ()			
a legally qualified medical practitioner, hereby give notice that the following patient is suffering from drug dependency:				
PATIENT'S NAME:	AKA			
Patient's Address:				
(Full Residential Address)				
Postcode:				
Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Usual Occupation:	Working: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Grounds for drug dependency <input type="checkbox"/> Iatrogenic <input type="checkbox"/> Illicit	IVDU <input type="checkbox"/> Yes <input type="checkbox"/> No			
Drug(s) involved: (please circle)				
alprazolam	Anamorph®	Dilaudid tablets/injections®	Durogesic®	Endone®
flunitrazepam	heroin	Kapanol®	methadone syrup	Momex®
morphine injections	MS Contin®	MS Mono®	Norspan®	Ordine®
OxyContin®	OxyNorm liquid/capsules®	pethidine	Physeptone®	Sevredol®
Subutex/Suboxone®	Temgesic®			
Drug Source:	<input type="checkbox"/> Licit by licit means	<input type="checkbox"/> Licit by illicit means	<input type="checkbox"/> Illicit	<input type="checkbox"/> Unknown
Signature of medical practitioner:		Date: / /		

All correspondence to be marked "Confidential" and sent to:

Chief Pharmacist, Pharmaceutical Services Branch, Department of Health, GPO BOX 125, Hobart TAS 7001

For further information: Tel: (03) 6166 0400, Fax: (03) 6173 0820, Email: pharmserv@health.tas.gov.au