

# CONFIDENTIAL



## Notification under Section 59B of the *Poisons Act 1971* NOTIFICATION REQUIRED FOR DRUG SEEKING, MISUSE AND INAPPROPRIATE USE

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: (    )			
<b>Certify that:</b>				
PATIENT'S NAME:	<b>AKA</b>			
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			
Is seeking				
• a notifiable restricted substance (e.g. benzodiazepines and Panadeine Forte®) namely: .....				
• or a schedule 8 substance namely: .....				
And I have reason to believe that this person for whom I have prescribed or previously prescribed:				
<input type="checkbox"/> Has a history of drug seeking behaviour				
<input type="checkbox"/> Is exhibiting drug seeking behaviour				
<input type="checkbox"/> Has used a notifiable or schedule 8 substances contrary to prescribing instructions and normal route of administration. (e.g. escalation of dose, injecting medication). Drugs involved and details - specify: ..... .....				
Further I also believe that this person <input type="checkbox"/> is / <input type="checkbox"/> is not drug dependent				
<b>Grounds for drug dependency:</b>	<input type="checkbox"/> Iatrogenic <input type="checkbox"/> Illicit <input type="checkbox"/> IVDU <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Drug(s) involved:</b> (Please Circle)	Other (specify):			
alprazolam	Anamorph®	Dilaudid tablet/injection®	Durogesic®	Endone®
flunitrazepam	heroin	Kapanol®	methadone syrup	Momex®
morphine injection	MS Contin®	MS Mono®	Norspan®	Ordine®
OxyContin®	OxyNorm liquid/capsule®	pethidine	Physeptone®	Sevredol®
Subutex/Suboxone®	Temgesic®			
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](mailto:pharmserv@health.tas.gov.au)