

EXIT FROM METHADONE/BUPRENORPHINE TREATMENT (11/12)

(UNDER THE POISONS AND THERAPEUTIC GOODS ACT 1966)

REFER TO INSTRUCTIONS ON THE REVERSE SIDE.

PLEASE USE BLOCK LETTERS.

Note: If a patient is being transferred from methadone to buprenorphine, or vice versa, with the same prescriber, do not lodge this form.

Patient ID No :

[OFFICE USE ONLY]

1. PATIENT SURNAME :

2. GIVEN NAMES : (first and second)

3. ADDRESS :

4. SUBURB :

5. POSTCODE :

6. DATE OF BIRTH :

7. SEX : M F

8. Is the patient EXITING a methadone or buprenorphine program?

methadone buprenorphine

9. Date of ENTRY to CURRENT program :

10. Date of LAST DOSE of methadone or buprenorphine dispensed on CURRENT PRESCRIBER'S PRESCRIPTION, including any takeaways : (Please ensure this is completed correctly - see 'Instructions')

11. LAST DOSE of methadone or buprenorphine : mg

12. REASON for EXITING TREATMENT : (Tick one box only)

- 20 Patient did not commence program
21 Program incomplete (mutual agreement)
22 Successfully completed program
23 Ceased to pick up methadone/buprenorphine
24 Treatment terminated involuntarily

Reason for involuntary termination :

28 Hospitalisation or transfer to other health institution (not methadone or buprenorphine treatment)

25 Patient deceased

Date of death :

Cause of death :

26 Community transfer within NSW (from one community prescriber to another)

Specify new prescriber/clinic :

30 Transfer from community to gaol prescriber

31 Transfer from gaol to community prescriber

Specify new prescriber/clinic :

27 Transfer to interstate methadone or buprenorphine program

29 Other, specify :

THIS PATIENT HAS BEEN DISCHARGED FROM METHADONE/BUPRENORPHINE TREATMENT.

Name (of person discharging patient) : (first and surname)

Signature (of person discharging patient) :

Date :

Prescriber's Name :

Address :

OFFICE USE ONLY

INSTRUCTIONS

Place a tick in the appropriate box or write in the spaces provided. Ensure that all questions are completed.

- Q.1. SURNAME:** That appearing on the patient's Medicare Card. This should be the name under which the patient was enrolled on the NSW Opioid Treatment Program. If the name is different, please indicate so and provide the name under which the patient was enrolled.
- Q.2. GIVEN NAMES:** Provide all given names.
- Q.3. ADDRESS:** Residence at which the patient may be contacted.
- Q.10. LAST DOSE:** The 'last dose' refers to the last dose dispensed on the current prescriber's prescription, and, if applicable, includes any takeaways issued for use after the day of discharge from this program and any prescription forwarded to the new administration point.
- Q.11.**
- Q.12. PATIENT DID NOT COMMENCE PROGRAM:** Authority issued but patient did not commence methadone or buprenorphine treatment.

PROGRAM INCOMPLETE (MUTUAL AGREEMENT): Agreement between patient and prescriber that the patient ceases methadone or buprenorphine even though the patient is not fully withdrawn.

SUCCESSFULLY COMPLETED PROGRAM: Agreement between prescriber and patient that methadone or buprenorphine be withdrawn and, on termination of treatment, the patient is fully withdrawn.

CEASED TO PICK UP: For unknown reasons, patient ceased to attend administration point.

TREATMENT TERMINATED INVOLUNTARILY: Treatment terminated by the prescriber against the wishes of the patient. Reasons for termination include, for example, chronic and frequent illicit opioid use, violent or abusive toward staff, diverting methadone or buprenorphine from administration point.

HOSPITALISATION OR TRANSFER TO OTHER HEALTH INSTITUTION: Termination of methadone or buprenorphine program as a result of admission for in-patient detoxification or drug free (methadone/buprenorphine free) residential treatment.

PATIENT DECEASED: Where known, indicate date of death and cause of death, eg. overdose, motor vehicle accident.

COMMUNITY TRANSFER WITHIN NSW: Transfer of methadone or buprenorphine treatment from one approved prescriber in a NSW community setting to another approved prescriber in a NSW community setting (N.B. excludes transfers to or from gaol). Note, if the patient is transferring from methadone treatment to buprenorphine treatment, or vice versa, with the same prescriber, do not lodge this ('*Exit from Methadone/Buprenorphine Treatment*') form. Ensure that details concerning the patient's last dose are entered on the appropriate application form.

TRANSFER FROM COMMUNITY TO GAOL: Transfer of methadone or buprenorphine treatment from an approved prescriber in a NSW community setting to another approved prescriber in a NSW gaol.

TRANSFER FROM GAOL TO COMMUNITY: Transfer of methadone or buprenorphine treatment from an approved prescriber in a NSW gaol to an approved prescriber in a NSW community setting.

TRANSFER TO INTERSTATE PROGRAM: Transfer of methadone or buprenorphine treatment from an approved prescriber in NSW to an approved prescriber in another State/Territory.

PLEASE *SEND* or *FAX* COMPLETED FORM TO:

CHIEF PHARMACIST
PHARMACEUTICAL SERVICES
NSW MINISTRY OF HEALTH
LOCKED MAIL BAG 961
NORTH SYDNEY NSW 2059

FACSIMILE (02) 9424 5885
TELEPHONE (02) 9424 5921

If faxing form, DO NOT SEND ORIGINAL. Do not fax this 'Instructions' page.