

CONFIDENTIAL



Tasmania
DEPARTMENT of
HEALTH and HUMAN
SERVICES

**Section 59 Poisons Act 1971
NOTICE OF DRUG DEPENDENCY**

TICK DATA AS APPROPRIATE PLEASE USE BLOCK LETTERS

I, Dr	
Postcode:	
Telephone number: Fax number:	
a legally qualified medical practitioner, hereby give notice that the following is patient is suffering from drug dependency.	
PATIENT'S NAME <small>(FAMILY NAME) (GIVEN) (ALIAS)</small>	
Patient's Address: (Full <u>Residential</u> Address) Postcode:	
Date of Birth:	Gender: Male / Female <small>(circle appropriate one)</small>
Usual Occupation:	Working: <input type="checkbox"/> Yes <input type="checkbox"/> No
Grounds for drug dependency Iatrogenic <input type="checkbox"/> Illicit <input type="checkbox"/> IVDU Y / N	
Drug(s) involved: <small>(please circle)</small>	
Anamorph	Dilaudid tablets/injections Durogesic Endone Heroin
Kapanol	methadone syrup Morphine injections MS Contin MS Mono
Norspan	Ordine Oxycontin Oxynorm liquid/capsules Physeptone
pethidine	Sevredol Buprenorphine
Other (please specify)
Drug Source <small>(please circle)</small> Licit by licit means Licit by illicit means Illicit Unknown	
Signature of medical practitioner: Date:	
Please send forms to : The Secretary Pharmaceutical Services Branch Department of Health and Human Services GPO Box 125 HOBART 7000 For further information contact: (03) 6233 2064 Fax. (03) 6233 3904	