

# CONFIDENTIAL



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

*TICK DATA AS APPROPRIATE PLEASE USE BLOCK LETTERS*

I Dr _____ (Surname)	_____ (first name)
Postcode: _____	
Telephone number: _____	Fax number: _____
Certify that:	
PATIENT'S NAME <small>(FAMILY NAME) (GIVEN)</small>	
Patient's Address: (Full <u>Residential</u> Address)	
Postcode: _____	
aka _____	
Date of Birth:	Gender: Male / Female <small>(circle appropriate one)</small>
Usual Occupation: _____	Working: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is seeking <ul style="list-style-type: none"> <li>• a notifiable restricted substance ( e.g. benzodiazepines and Panadeine Forte) namely.....</li> <li>• or a schedule 8 substance namely.....</li> </ul>	
And I have reason to believe that this person for whom I have prescribed or previously prescribed <ul style="list-style-type: none"> <li><input type="checkbox"/> Has a history of drug seeking behaviour</li> <li><input type="checkbox"/> Is exhibiting drug seeking behaviour</li> <li><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)</li> </ul>	
<b>Further I also believe that this person is / is not drug dependent</b> (strike out which one is not applicable)	
<b>Grounds for drug dependency:</b> iatrogenic <input type="checkbox"/> Illicit <input type="checkbox"/> <b>IVDU</b> Y / N (circle)	
<b>Drug(s) involved:</b> (Please Circle)                      Other specify	
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                      Subutex                      Temgesic
Signature of medical practitioner: _____	Date: _____

**All correspondence to be marked "Confidential" and sent to:**  
**The Secretary, Pharmaceutical Services, DHHS, GPO Box 125 HOBART TAS 7001**  
**For further information contact: (03) 6233 2064 Fax. (03) 6233 3904**