

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: <small>(ADDRESS OF MEDICAL PRACTITIONER)</small>	
Postcode:	
Telephone number: ()	Fax number: ()
Certify that:	
Patient's Name:	AKA
Patient's Full Residential Address (including name and address of Residential Care Facility if applicable):	
Postcode:	
<input type="checkbox"/> Patient is a permanent resident in the above-named Residential Care Facility	
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	
<ul style="list-style-type: none"> • 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	
Grounds for drug-dependency:	<input type="checkbox"/> Iatrogenic <input type="checkbox"/> Illicit <input type="checkbox"/> IVDU <input type="checkbox"/> Yes <input type="checkbox"/> No
Drug(s) involved: (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: / /

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

All correspondence to be marked "Confidential" and sent to:
 Chief Pharmacist, Pharmaceutical Services Branch, Department of Health
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