



CONFIDENTIAL

**NOTICE OF CHANGE OF
OPIOID SUBSTANCE USE DISORDER TREATMENT**

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: ()		
notify that this patient has changed treatment with methadone/buprenorphine/Suboxone®:			
PATIENT'S NAME:	AKA		
Patient's Address:			
<small>(Full Residential Address)</small>			
Postcode:			
Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Patient previously treated with: <ul style="list-style-type: none"> <input type="checkbox"/> Maintenance: Methadone <input type="checkbox"/> Maintenance: Buprenorphine <input type="checkbox"/> Maintenance: Buprenorphine/Naloxone <input type="checkbox"/> Withdrawal: Buprenorphine </td> <td style="width: 50%; vertical-align: top;"> Patient now treated with: <ul style="list-style-type: none"> <input type="checkbox"/> Maintenance: Methadone <input type="checkbox"/> Maintenance: Buprenorphine <input type="checkbox"/> Maintenance: Buprenorphine/Naloxone <input type="checkbox"/> Withdrawal: Buprenorphine </td> </tr> </table>		Patient previously treated with: <ul style="list-style-type: none"> <input type="checkbox"/> Maintenance: Methadone <input type="checkbox"/> Maintenance: Buprenorphine <input type="checkbox"/> Maintenance: Buprenorphine/Naloxone <input type="checkbox"/> Withdrawal: Buprenorphine 	Patient now treated with: <ul style="list-style-type: none"> <input type="checkbox"/> Maintenance: Methadone <input type="checkbox"/> Maintenance: Buprenorphine <input type="checkbox"/> Maintenance: Buprenorphine/Naloxone <input type="checkbox"/> Withdrawal: Buprenorphine
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Date of change: / /			
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