



REPORT TO THE CHIEF EXECUTIVE

Under the Health (Drugs & Poisons) Regulation 1996

Please complete and forward to: The Chief Executive, Drugs of Dependence Unit, Locked Bag No 32, COORPAROO DC 4151. Phone: (07) 3896 3900, Fax: (07) 3896 3933

Doctor Details

Name: _____ Prescriber Number: _____
Address: _____ Post Code: _____
Telephone No.: () _____ Fax. No.: () _____

Patient Personal Details

Surname: _____ Other Names: _____
Address: _____ Post Code: _____
D.O.B.: ____/____/____ Gender: [] Male [] Female

Treatment and History

Diagnosis: _____
History: _____

Prognosis: _____

Controlled Drug/s proposed dosage regimen: _____

Specialist(s) consulted: ** Please attach copies of relevant specialist/s report's for non malignant conditions **

Is there any evidence of drug seeking behaviour? [] YES [] NO Is there any sign of dose increase? [] YES [] NO
Is there any signs or history of drug misuse? [] YES [] NO Is the patient drug dependent ? [] YES [] NO
(eg. injecting drug use or use of other illicit/prescribed drugs)

Please provide details if you ticked yes to any of these questions: _____

Signature: _____ Date: _____

Table with 5 columns: OFFICE USE ONLY RECEIVED, CONDITION, DATE ENTERED, ACTION 1, ACTION 2. Includes footer: Sections 120(2), 122(2), 213(2) V 1.2 2001