*(Tick* 🗹 *as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)*

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| **Interstate Transfer Application Requirements** |
| The Alcohol and Drug Service (ADS) cannot guarantee access to the Pharmacotherapy Program – this is regardless if permanent or holiday transfer.  Please allow a minimum of four (4) weeks’ notice for transfers, but be aware this may vary.    The ADS strongly recommend against the provision of a large number of take away doses for clients travelling to Tasmania.  Please complete and return the following form as soon as possible to the ADS Pharmacotherapy Unit to assist the referral process.  Clients should not make non-refundable travel bookings until a confirmed interstate transfer appointment has been received.  ADS is unable to assist in finding private prescribers.  The following must be supplied with the referral:   * Client photographic identification * Current address and phone numbers (including mobile phone) * Any current treatment plans or information * Any relevant history   Please fax completed form and attachments to the Alcohol and Drug Service, Tasmanian Opioid Pharmacotherapy Program: |
| ADS South: ADS North: ADS North West:  Phone: 03 6166 0736 Phone: 03 6777 1234 Phone: 03 6464 3131  Fax: 03 6173 0810 Fax: 03 6777 5139 Fax: 03 6464 3295 [ads.southintake@ths.tas.gov.au](mailto:ads.southintake@ths.tas.gov.au) [alcohol.north@ths.tas.gov.au](mailto:alcohol.north@ths.tas.gov.au) [adsnw@ths.tas.gov.au](mailto:adsnw@ths.tas.gov.au)  Statewide Phone: 1300 139 641 (Tasmania Only) |

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| **Client Details** | |
| Referral Date |  |
| Title |  |
| Family Name *(print)* |  |
| Given Name *(print)* |  |
| Date of Birth |  |
| Relationship Status | Married  De facto  Widowed  Divorced  Separated  Single |
| Gender |  |
| Known alias(es) |  |
| Ethnicity | Australian  Other *(please specify)* |
| Preferred language | English  Other *(please specify)* |
| Interpreter required? | Yes  No |
| Aboriginal or Torres Strait Islander Status | Aboriginal  Torres Strait Islander  Both  Neither  Not stated |
| Address |  |
| Phone  Okay to leave message?  SMS appointment reminder? | Yes  No  Yes  No |

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| **Transfer** | |
| Reason for Transfer: | |
| Is transfer  Temporary  Permanent | |
| Proposed Date of Arrival: | Proposed Date of Departure: |

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| **Medication Details** |
| Methadone  Suboxone  Subutex |
| Current dose *(please tick dosing days)*:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday |
| Takeaway days: |
| Name and contact details of current dispensing point: |
| History of dose diversion: |
| Number / date of missed doses over last three (3) months: |
| List of current medications, dose, reason for prescription: *(please attach additional pages if required)* |
| History of prescription shopping?  Yes  No *(include details)* |
| **Screening** |
| Recent Urine Drug Screen Result(s)  Gas Chromatography Mass Spectrometry (GCMS)  Immunoassay (including dates) |
| Evidence of intravenous drug use (IVDU):  Yes  No Site(s):  Any concerns: |

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| **Recent Substance Use** |
| Opioid  Benzodiazepine  Cannabis  Amphetamine  Other  Details: |
| **Mental Health and Wellbeing** |
| Current symptoms / treatment for:  Depression  Anxiety  Other Mental Health Issues  Details *(attach any relevant information):* |
| Complex behavioural issues *(aggression / abuse / intimidation)* |
| **Physical Health and Wellbeing** |
| Any current physical health issues / concerns *(blood borne virus, Hepatitis treatment, Hepatitis B Vaccination, Pain issues, Other chronic conditions)* |

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| **Referrer Details** | | |
| Print Name, designation and organisation |  | |
| Contact details *(phone, fax, email, postal address)* |  | |
| How do you wish to receive feedback? | Email  Phone  Letter  Fax | |
| **Client Agreement for Interstate Transfer** | | |
| The rules around Methadone, Suboxone and Subutex treatment in Tasmania are different to where you are now. Here are some things you need to know before coming to Tasmania:   * We provide Methadone, Suboxone or Subutex * You will have to go to a Pharmacy to get your dose * There aren’t many pharmacies available for dosing in Tasmania – you might need to travel a long way to the nearest available pharmacy * You will take your medication in front of a Pharmacist * You will not be able to have takeaways for at least three (3) months * We need to assess how well you are going in treatment before you might get takeaways * If you are able to have takeaways we will only provide a maximum of two (2) per week * Regular contact with your Doctor and Case Manager is an important part of the program * We will not prescribe Benzodiazepines. If you are already taking Benzodiazepines we will work with you to stop * Split dosing for Methadone cannot be offered in Tasmania * The biggest daily dose of methadone offered in Tasmania is 120 milligrams (mg) * I understand that the Alcohol and Drug Service will use de-identified data from this referral for feedback, research and service improvement. De-identified means that no one will be able to tell that the information is about me   I have read, understood and discussed with my General Practitioner / Doctor / Case Manager the above. | | |
| Client Name *(print)*: | | |
| Signature: | | Date: |
| Clinician Name *(print)*: | | Designation: |
| Signature: | | Date: |