*(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 3131Fax: 03 6173 0810 Fax: 03 6777 5139 Fax: 03 6464 3295 ads.southintake@ths.tas.gov.au alcohol.north@ths.tas.gov.au adsnw@ths.tas.gov.auStatewide 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 IssuesDetails *(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:       |