

CONFIDENTIAL**Application for authorisation to prescribe Schedule 8 medicines
under section 59E of the Poisons Act 1971**

DETAILS MUST BE COMPLETED **LEGIBLY** TO PREVENT DELAY
TICK DATA AS APPROPRIATE | PLEASE USE BLOCK LETTERS

Applications are unable to be assessed if all requested information on the form is not completed.

Patient Details					
First Name		Middle Name/s		Surname	
Date of Birth (DD/MM/YYYY):	/ /	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary
Patient Residential Address					
Unit number:	Street number:	Street name:			
Suburb:	State:		Post Code:		
Is the patient under palliative care with a life expectancy less than 12 months?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide any additional information below:					

Parent / Carer details (if patient under 18 years old)			
Parent/Carer 1 Full name:			Date of Birth (DD/MM/YYYY): / /
Parent/Carer 2 Full name:			Date of Birth (DD/MM/YYYY): / /

Prescriber Details			
Full Name:			
Ahpra Number:			Prescriber Number:
Practice Address:			
Telephone:	()		

Medication Details	
Requested Schedule 8 Medicines	
Medicine Name	Directions for use (must include dose, frequency and formulation)

All correspondence to be marked "Confidential" and sent to:

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

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Treatment Details
Specific clinical diagnosis:
Name of specialist (attach relevant specialist reports(s) if available):
All other medications (including doses) concurrently prescribed (please attach list):

Declarations – please tick to notify or leave blank if not applicable			
The patient in my opinion:	<input type="checkbox"/> Is drug dependent		
	Grounds for drug dependency:	<input type="checkbox"/> Iatrogenic	<input type="checkbox"/> Illicit
Does the patient have current, or a history of intravenous drug use (IVDU):	<input type="checkbox"/> Yes, current IVDU <input type="checkbox"/> Yes, history of IVDU		
I have reason to believe the patient:	<input type="checkbox"/> Is exhibiting drug-seeking behaviour <input type="checkbox"/> Has a history of drug-seeking behaviour		
The patient has previously received opioid replacement therapy as part of any treatment for opioid use disorder (DSM-5):	<input type="checkbox"/> Yes		
<p>I acknowledge an application for authorisation to treat a person with Schedule 8 medicine(s) is a requirement of the <i>Poisons Act 1971</i> and I have informed the patient I am required to seek authorisation for this medicine(s). I acknowledge that as part of the risk-informed assessment of my application the Secretary may seek further information relating to the medical history and treatment of the patient including a documented treatment plan. I acknowledge if an authority is granted it does not act as clinical endorsement for the treatment I am proposing. I also acknowledge in making this application I am asserting in my opinion as a registered health practitioner this treatment is clinically appropriate for this patient and will be provided in accordance with the relevant clinical guidelines.</p>			
Signature of prescriber:		Date of application:	/ /

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