

**ALCOHOL AND DRUG SERVICE  
(ADS) TRANSFER TO OPIOID  
PHARMACOTHERAPY  
PROGRAM - COMMUNITY  
STATEWIDE**

PT ID									
SURNAME..... D.O.B..... OTHER NAMES..... ADDRESS ..... .....									

FACILITY: \_\_\_\_\_

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

**Interstate Transfer Application Requirements**

- The Alcohol and Drug Service (ADS) cannot guarantee access to the Pharmacotherapy Program, regardless whether the transfer is permanent or temporary.
- 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.
- 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.
- The 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
- Copy of most recent prescription

Send completed form and attachments to the Alcohol and Drug Service, Tasmanian Opioid Pharmacotherapy Program:

ADS South: Phone: 03 6166 0736 Fax: 03 6173 0810 <a href="mailto:ads.southintake@ths.tas.gov.au">ads.southintake@ths.tas.gov.au</a>	ADS North: Phone: 03 6777 1234 Fax: 03 6777 5139 <a href="mailto:alcohol.north@ths.tas.gov.au">alcohol.north@ths.tas.gov.au</a>	ADS North West: Phone: 03 6464 3131 Fax: 03 6464 3295 <a href="mailto:adsnw@ths.tas.gov.au">adsnw@ths.tas.gov.au</a>
Statewide Phone: 1300 139 641 (Tasmania Only)		



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Client Details	
Referral Date	DD / MM / YYYY
Title	
Family Name (print)	
Given Name (print)	
Date of Birth	DD / MM / YYYY
Relationship Status	<input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single
Gender	
Known alias(es)	
Ethnicity	<input type="checkbox"/> Australian <input type="checkbox"/> Other (specify)
Preferred language	<input type="checkbox"/> English <input type="checkbox"/> Other (specify)
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal or Torres Strait Islander Status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Not stated
Interstate Address	
Tasmanian Address	
Phone	
Okay to leave message?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS appointment reminder?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Transfer	
Reason for Transfer:	
Is transfer <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	
Proposed Date of Arrival: DD / MM / YYYY	Proposed Date of Departure: DD / MM / YYYY

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Medication Details	
<input type="checkbox"/> Methadone <input type="checkbox"/> Suboxone <input type="checkbox"/> Subutex <input type="checkbox"/> Sublocade <input type="checkbox"/> Buvidal weekly <input type="checkbox"/> Buvidal monthly	
Current dose ( <i>tick dosing days</i> ):	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Takeaway days:	
For Buvidal and Sublocade:	
Date of last injection: DD / MM / YYYY	Dose:
Site of last injection:	Next injection due date: DD / MM / YYYY
History of adverse reactions (including injection site):	
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, dispensing details (if applicable): (attach additional pages if required)	
History of multiple prescribers (prescription shopping)? <input type="checkbox"/> Yes (include details) <input type="checkbox"/> No	
Screening	
Recent Urine Drug Screen Result/s (including dates):	
<input type="checkbox"/> Gas Chromatography Mass Spectrometry (GCMS)	<input type="checkbox"/> Immunoassay (including dates)
Evidence of intravenous drug use (IVDU): <input type="checkbox"/> Yes <input type="checkbox"/> 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 and/or needs (*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?	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Fax
Client Agreement for Interstate Transfer	
<p>The rules around opioid dependence treatment in Tasmania are different to where you are now. Here are some things you need to know before coming to Tasmania:</p> <ul style="list-style-type: none"> <li>• We provide Methadone, Suboxone, Subutex, Sublocade or Buprenorphine</li> <li>• There aren't many pharmacies available for dosing in Tasmania – you might need to travel a long way to the nearest available pharmacy</li> <li>• You will take your medication in front of a Pharmacist</li> <li>• You will not be able to have takeaways for at least three (3) months</li> <li>• We need to assess how well you are going in treatment before you might get takeaways</li> <li>• If you are able to have takeaways we will only provide a maximum of two (2) per week</li> <li>• Regular contact with your Doctor and Case Manager is an important part of the program</li> <li>• We will not prescribe Benzodiazepines. If you are already taking Benzodiazepines we will work with you to stop</li> <li>• Split dosing for Methadone cannot be offered in Tasmania</li> <li>• The biggest daily dose of Methadone offered in Tasmania is 120 milligrams (mg)</li> <li>• The Alcohol and Drug Service 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 you</li> </ul> <p><input type="checkbox"/> I have read, understood and discussed with my General Practitioner / Doctor / Case Manager the above.</p>	
Client Name (print):	
Signature:	Date: DD / MM / YYYY
Clinician Name (print):	Designation:
Signature:	Date: DD / MM / YYYY

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