

Appendix A

**NOTIFICATION OF SUPPLY OF A NON-RESTRICTED SCHEDULE 8 SUBSTANCE**

Poisons Control ~ Fax: 8922 7200 Phone: 8922 7341 SEMS Email: p2pntpoisons@tedgp.org.au

**PATIENT DETAILS (please print clearly)**

Surname:..... Given names:.....  
 Pseudonym:..... Date of birth: ...../...../.....Sex:  M  F  
 Name of parent or guardian (if child under 18) .....  
 Address:..... Medicare Card No: .....  
 ..... Health Care Card No: .....

*SCHEDULE 8 DRUG*

Name and dose of drug:.....  
 Date of first dose: ...../...../..... Duration of prescription:.....  
 Likely duration of need for S8 medication:.....  
 Clinical indication:.....  
 Palliative Care Y/N

*REASON FOR NOTIFICATION*

Supply/intention to supply for more than 8 weeks <input type="checkbox"/>	High initial dose <input type="checkbox"/>
Replace lost or stolen medication <input type="checkbox"/>	High ongoing dose <input type="checkbox"/>
Previous supply consumed earlier than intended <input type="checkbox"/>	Rate of increase of dose <input type="checkbox"/>
Continuing supply initiated by other medical practitioner <input type="checkbox"/>	Other..... <input type="checkbox"/>

*HAS THE PATIENT...*

Had a specialist assessment? Y / N → Pain Alcohol and Other drugs Other.....  
 Had previous treatment for opiate dependency?..... Y / N  
 Had previous treatment for other drug or alcohol dependency? ..... Y / N  
 Ever injected drugs?..... Y / N  
 Ever been under the care of an alcohol and other drugs program in the NT or elsewhere? ... Y / N  
 Dates of most recent specialist assessments.....Name & Contact of specialist.....  
 .....Please note further details & copies of correspondence may be required by the Chief Health Officer.

**PRESCRIBER**

Prescriber name:..... Prescriber No.....  
 Address and phone number.....  
 Prescriber's signature:..... Date: ...../...../.....