

SURNAME _____ **DATE OF BIRTH** _____ **SEX** _____

OTHER NAMES _____ **UR NUMBER** _____

DRUG SUBSTITUTION Methadone Buprenorphine Buprenorphine/Naloxone Other

CURRENT DOSE _____ **TAKE-AWAY ALLOWANCE** _____

GP _____ **CONSULT DATE** _____

PHARMACY _____ **CONSULT TIME** _____

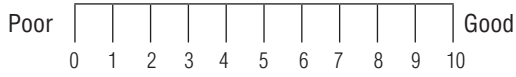
DRUG SUBSTITUTION ISSUES

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SOCIAL ISSUES

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Client's rating of overall quality of life
(eg able to enjoy life, gets on well with family and partner)



MENTAL HEALTH ISSUES

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PHYSICAL HEALTH ISSUES *(eg hepatitis and other blood-borne viruses, osteoporosis, cardiac conduction risks)*

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Surname: _____
 Other names: _____
 DOB: _____ Sex: M F
 UR Number: _____

ALCOHOL, TOBACCO AND OTHER DRUG USE HISTORY:

Tell me about your alcohol, tobacco and other drug use in the last 4 weeks (28 days).

Drug	Specific information (eg type, quantity in various measures)	How many days used in last 28	Average amount used on these days (standard measure)	Route	Date and Time last used
Alcohol			g/day		
Amphetamines			\$/day		
Benzodiazepines			mg/day* (diazepam equivalents)		
Cannabis			g/day "		
Heroin			\$/day		
Other Opioids			mg/day# (oral morphine equivalent)		
			mg/day (oral morphine equivalent)		
Tobacco			cigarette/day **		
Other					

* diazepam dose equivalent: diazepam 5mg = oxazepam 30mg = alprazolam 0.5mg = nitrazepam 5mg = lorazepam 1mg = clonazepam 0.5mg = temazepam 10mg.

" one cannabis 'j bag' or 'money bag' = approx 2g; 1 ounce = approx 30g; one 'cone' = approx 0.1g

30mg oral morphine = 10mg IV morphine = 1mg SL buprenorphine = 0.5mg IV buprenorphine = 20mg oral oxycodone = 10mg IV oxycodone = 200mg oral codeine = 7.5+mg methadone = 300mg oral/IV tramadol.

** one 'tailor made' cigarette = 0.5g tobacco.

Details

Prescribed YES NO

Have you injected drugs in the past 28 days? YES NO **If Yes, on how many days did you inject?**

Urinalysis results

NUMBER OF URINE DRUG SCREENS PERFORMED SINCE LAST REVIEW: Indicate the number of positives:

Methodone	Buprenorphine	Opioids	Benzodiazepine	Amphetamines	Cocaine	Other

Explanations:.....

Plan

URINALYSIS TAKEN TODAY: YES NO **HEPATITIS A and/or B VACCINATION:** YES NO
ECG: NOT REQUIRED TAKEN DATE DUE: **BLOODS:** ORDERED TAKEN NOT DONE
BLOOD TESTS ORDERED:
COMMUNICATIONS WITH GP/SPECIALIST: YES NO **TOBACCO BRIEF INTERVENTION:** YES NO
ANNUAL K10 COMPLETED: YES NO **SCORE:**

	50
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PBS: YES NO
NEXT ANNUAL K10 DUE DATE:

Pharmacotherapy prescriptions

DRUG: _____ **DOSE:** _____ **REDUCING / INCREASING AT:** _____
TAKE-AWAY ALLOWANCE: _____ **SCRIPT EXPIRY DATE:** _____
NEXT APPOINTMENT DATE: _____ **APPOINTMENT HAS BEEN GIVEN TO CLIENT:** YES

Other prescriptions written

NAME (PRINT)..... SIGNATURE: