Government of **Western Australia**
Department of **Health**
Public Health

Appointment of Co-Prescriber
Community Program for Opioid Pharmacotherapy (CPOP)

This appointment is for a maximum of 12 months or ceases earlier if you are no longer the authorised specialist medical practitioner authorised to treat this patient. Treatment must be in accordance with the Monitored Medicines*Prescribing Code and Western Australian Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opiod Dependence.*

1. Appointment type

☐ New co-prescriber ☐ Change in treatment details ☐ Termination of appointment

If terminated, please specify reason:

2. Patient details

First name: Surname: DOB:

Address: Suburb: Postcode:

Gender : ☐ Male ☐ Female ☐ Unspecified Medicare:

Is this person of Aboriginal or Torres Strait Islander origin:

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander

3. Treatment details

HDWA authorisation number: Appointment valid from: Valid to:

Opioid pharmacotherapy to be prescribed: ☐ Methadone ☐ Suboxone ☐ Subutex

Next review date: No of authorised takeaways:

Pharmacy name: Telephone: Fax:

4. Prescriber

First Name: Surname:

Practice name:

Address: Suburb: Postcode:

Telephone Fax: Practice Email:

5. Co-Prescriber

First Name: Surname:

Practice name:

Address: Suburb: Postcode:

6. Prescriber declaration

I am nominating the medical practitioner above to treat this patient in accordance with this appointment. I declare that this information provided in relation to this appointment is true and correct to the best of my knowledge.

Signature: Date:

Please forward a copy of this form to: Community Pharmacotherapy Program (CPP)
Email: CPPAdmin@health.wa.gov.au
Please also forward this form to the nominated Co-Prescriber
Enquiries: Tel 9219 1913
Application under Regulation 138