



### 1. Patient details

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

### 2. Details of treatment episode to be terminated

☐ Methadone ☐ Suboxone® ☐ Subutex® ☐ Buvidal® ☐ Sublocade®

HDWA authorisation number: \_\_\_\_\_

Dose last received (mg): \_\_\_\_\_ Date of last dose: \_\_\_\_\_ Pharmacy: \_\_\_\_\_

### 3. Termination reason

Please tick one box only:

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Mutual agreement                | 6. <input type="checkbox"/> Deceased               |
| 2. <input type="checkbox"/> Left against advice             | 7. <input type="checkbox"/> Transfer (intrastate)  |
| 3. <input type="checkbox"/> Did not commence                | 8. <input type="checkbox"/> Transfer (interstate)  |
| 4. <input type="checkbox"/> Ceased to dose – reason unknown | 9. <input type="checkbox"/> Successfully withdrawn |
| 5. <input type="checkbox"/> Involuntary discharge           | 10. <input type="checkbox"/> Imprisoned            |
| 11. <input type="checkbox"/> Other, please specify: _____   |  |

### 4. Benefit from treatment

Overall, do you consider that the patient's quality of life improved during treatment? ☐ Yes ☐ No

### 5. Clinical alert

Should a clinical alert be made for this patient? ☐ Yes, (provide details) \_\_\_\_\_ ☐ No

### 6. Prescriber details

First name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Practice name: \_\_\_\_\_  
Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### 7. Prescriber declaration

Signature: \_\_\_\_\_ Date: \_\_\_\_\_