



The Medicines and Poisons Act 2014 requires that an authorised health professional must make a report to the Department of Health, within 48 hours, when they have reason to believe that a person has acquired, as a result of repeated administration of drugs of addiction or Schedule 9 poisons, an overpowering desire for the continued administration of a drug of addiction or a Schedule 9 poison. The Department of Health does not disclose the source of reports. Drugs of addiction are all Schedule 8 medicines and Schedule 4 medicines monitored via ScriptCheckWA.

1. Patient details

First Name: _____ Surname: _____ DOB: _____
Address: _____ Suburb: _____ Postcode: _____
Aliases: _____ Gender: ☐ Male ☐ Female ☐ Unspecified
Is this person of Aboriginal or Torres Strait Islander origin:
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander

2. Details of drug dependency

I believe the above mentioned patient is drug dependent. My belief is based on the following grounds:

- ☐ drug seeking; requesting drugs of addiction in excess of therapeutic need
☐ admits current misuse of illicit drugs or drugs of addiction
☐ describes strong cravings for illicit drugs or drugs of addiction
☐ exhibits withdrawal symptoms or presents with signs of intoxication
☐ presents with physical signs of intravenous drug use
☐ multiple unsanctioned dose escalations of prescribed drugs of addiction
☐ provides a urine drug screen positive for illicit drugs or drugs of addiction that are not prescribed
☐ Other, please specify: _____

Drugs of addiction or Schedule 9 poisons used: _____

Length of time drug has been used: _____

Source (tick box) ☐ licit ☐ illicit ☐ unknown

How taken (tick boxes) ☐ smoking ☐ oral ☐ injection ☐ other, please specify: _____

Is the drug dependence due to medical treatment: ☐ Yes ☐ No

3. Health professional details

Health professional type: ☐ Medical practitioner ☐ Nurse practitioner
First Name: _____ Surname: _____
Prescriber No: _____ Practice Name: _____
Address: _____ Suburb: _____ Post code: _____
Telephone: _____ Fax: _____ Practice Email: _____

4. Declaration

I hereby report the abovementioned patient as drug dependent under the requirements of the Medicines and Poisons Act 2014. The information provided in this report is true and correct to the best of my knowledge.

☐ Patient provided with: *Patient Information: Reporting drug dependent persons*

Signature: _____ Date: _____

5. Patient acknowledgement (optional)

I am aware that my health practitioner must provide my name and related information included in this form to the Department of Health as I have been assessed as meeting the criteria for inclusion on the Drugs of Addiction Record (the Record). I am aware that the information relating to me on the Record will only be provided to my treating health practitioner(s) to assist with my medical treatment with drugs of addiction. I am aware that before a drug of addiction is prescribed for me my prescribing health practitioner must seek prior approval from the Department to do so. This will not affect my access to emergency treatment with these medicines.

Signature: _____ Date: _____

Name: _____

6. Processing

MODDS noted:	Date: _____	Officer: _____	
Correspondence and documentation to delegate	Date: _____	Officer: _____	
Send letter to patient <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Delegate: _____	
Letter sent to patient	Date: _____	Officer: _____	
Response received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____		
Correspondence and documentation to delegate	Date: _____	Officer: _____	
Include on record: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Delegate: _____	
MODDS updated:	Date: _____	Officer: _____	Number: _____

Send completed form to: Medicines and Poisons Regulation Branch,
Department of Health, PO Box 8172, Perth Business Centre WA 684
Facsimile: 9222 2463

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Enquiries: Tel: 9222 4424 Email: mprb@health.wa.gov.au

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