



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 is oversupplied. Oversupplied person refers to a person who has over a period of time obtained, or obtained prescriptions for, quantities of drugs of addiction (Schedule 8 medicines and/or Schedule 4 medicines monitored by ScriptCheckWA) that are greater than is reasonably necessary for therapeutic use. The Department of Health does not disclose the source of reports.

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 oversupply

Drug/s of addiction: _____

Source (tick box): licit illicit unknown

Reason for report (select all that apply):

patient has attended multiple prescribers and medical practices and obtained an excessive number of prescriptions for Schedule 8 and/or Schedule 4 monitored medicines (please attach copies of prescriptions and complete monitored medicines dispensing history if available)

patient has diverted medicines and/or sold prescriptions (please attach supporting documentation)

patient has forged or altered prescriptions (please attach evidence including police report number)

patient has requested or obtained prescriptions for drugs of addiction in excess of therapeutic need, including unsanctioned dose escalation or persistent use above the prescribed dose. (please attach clinical assessment)

other, please specify: _____

3. Health professional details

Health practitioner type: Medical practitioner Nurse practitioner Pharmacist Other: _____

First name: _____ Surname: _____

Practice name: _____

Address: _____ Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Practice email: _____

4. Health professional declaration

I hereby report the above mentioned person as oversupplied under the requirements of the *Medicines and Poisons Act 2014*. The information in this report is true and correct to the best of my knowledge.

Patient provided with: *Patient Information: Reporting an oversupplied person*

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: _____