

TURNING POINT ALCOHOL & DRUG CENTRE

Clinical Services
54-62 Gertrude Street
Fitzroy VIC 3065

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Turning Point
Alcohol & Drug Centre

SPECIALIST PHARMACOTHERAPY SERVICE

This service is for the provision of support for patients who are currently receiving opioid substitution pharmacotherapy, or who have been unstable on another prescribed opiate and require transfer to substitution pharmacotherapy .

We provide three related services at Turning Point:

1. Secondary consultation to provide support for the management of pharmacotherapy by the referring doctor
2. Transfer of Prescription (where appropriate)
3. Medication Dispensary through our pharmacy for complex patients who are unable to receive dosing at a community pharmacy. (This service is only available for active Turning Point clients).

<u>REFERRING DOCTOR</u>	<u>PATIENT</u>
NAME: _____ _____	FIRST NAME: _____ SURNAME: _____
ADDRESS: _____ _____ _____	DATE OF BIRTH: ____ / ____ / ____ MALE / FEMALE ADDRESS: _____ _____
PHONE: _____ FAX: _____	PHONE: _____ MOBILE: _____
PROVIDER NUMBER: _____ (or stamp if preferred)	MEDICARE NUMBER: □□□□□□□□□□ Ref No □ EXPIRY DATE: _____
Has the client previously been seen by this service? YES <input type="checkbox"/> NO <input type="checkbox"/> Year _____	HEALTHCARE CARD NUMBER: □□□□□□□□□□ EXPIRY DATE: _____

DETAILS OF PROGRAM:

methadone / buprenorphine + naloxone (Suboxone) / buprenorphine monotherapy (Subutex) (please circle)

Dose: _____ mg per day Unsupervised (takeaway) doses: _____ per week

Multiple days dosing (for buprenorphine): YES NO

Current dosing site (pharmacy name): _____

Phone: _____

REASON FOR REFERRAL:

- Secondary consultation for advice and management plan
- Temporary transfer of care to Turning Point for stabilisation of care
- Currently unstable on another opiate – transfer on to maintenance pharmacotherapy

REFERRAL ISSUES:

- Difficult / aggressive/ dishonest behaviour
- Unstable medical problem
- Unstable mental health problem
- Poor / irregular attendance
- Concerns about diversion
- Significant alcohol / other substance use
- Pregnancy
- Other _____

HISTORY OF OTHER ALCOHOL & DRUG USE: _____

MEDICAL HISTORY: _____

MEDICATION:

MEDICATION	DOSE	PICKUP FREQUENCY (if applicable)

Allergies: _____

HISTORY OF MENTAL HEALTH ISSUES (including acquired brain injury):

OTHER RELEVANT SOCIAL ISSUES:

- Homelessness / inappropriate housing
- Isolation – difficulty accessing services, poor supports
- Financial difficulties
- Forensic issues
- Other legal problems (e.g. civil cases)

(Please provide relevant details): _____

Further information or copies of relevant documentation may be attached and forwarded with this referral.

Signature of referring doctor: _____ Date: ____ / ____ / ____

Please return completed referral form by:

fax (03 9486 9766) or post (54-62 Gertrude St, Fitzroy VIC 3065)