

DOCUMENT IS A REPORTING GUIDE ONLY AND DOES NOT REPLACE CLINICAL JUDGEMENT

Patient Report

Provide to the Alcohol and Drug Service

Patient Name:	DOB:
AP Name:	Phone:

Opioid Treatment Review	Yes	No	Details
Does the patient indicate a need to adjust their dose?			
Does the patient report any illicit substance use?			
Is there any concern of misuse of prescription drugs?			
Does the patient report concerning levels of alcohol use?			
Are there any mental health concerns for the patient?			
Are there any new health conditions?			
Behavioural Concerns?			

Additional Comments:

Forward completed report along with relevant pathology results and a list of new medications (if any) to:

Case Manager		Fax:
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