**QOTP Shared Care Patient Review Template:**

**Patient Name: DOB: Date of Assessment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Opioid Treatment Review** | **Yes** | **No** | **Notes and Plan of Action (if applicable)** | |
| Does the person experience any withdrawal symptoms between doses? |  |  | * Runny nose * Runny eyes * Yawning * Muscle Aches & Pains * Nausea * Vomiting | * Diarrhoea * Stomach Cramps * Shivering * Sweating * Piloerection * Sleep Disturbance * Agitation |
| Does the person show signs of intoxication such as nodding off, sedation, slurred speech? |  |  | If yes, consider urine drug screen (UDS) and/or BAL | |
| Is the person taking any over-the-counter medications? |  |  |  | |
| Are there any changes to current Written Instructions (prescription) required? |  |  | * Change in TAD arrangements * Buprenorphine dosing schedule (e.g. double dose) * Dose review (refer to ADS) | |
| **Other Drug Use Review** | **Yes** | **No** | **Notes and Plan of Action (if applicable)** | |
| Does the person report use of illicit drugs/medication? |  |  | * Heroin * Amphetamines * Benzodiazepines | * Cannabis * Other |
| Does the person report problematic alcohol intake? |  |  |  | |
| Is there evidence of recent injection marks on examination? |  |  |  | |
| Urine drug screen (UDS) required |  |  | Suggested if evidence of additional substance use/signs of intoxication and patient denying additional substance use | |
| **Bio-Psychosocial Stability** | **Yes** | **No** | **Notes and Plan of Action (if applicable)** | |
| Any mental health concerns? |  |  | * Depression * Anxiety * Suicidal Thoughts | * Elevated * Psychosis * Other |
| Any new medical concerns? |  |  |  | |
| Issues with daily living? |  |  |  | |
| Relationship concerns? |  |  |  | |
| Missing scheduled appointments? |  |  |  | |
| Any issues reported by pharmacy? |  |  | * Missed doses * Non-payment * Other | * Diversion * Behaviour |
| Any child safety/legal concerns? |  |  |  | |
| Next review/appointment | | | | | |
| Assessor Name: Signature: Designation: | | | | | |