**Shared Care Considerations:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details:** | **Y** | **N** | **Comments** |
| Clinic |  |  |  |
| Case Manager |  |  |  |
| Time on program |  |  |  |
| Last review date |  |  |  |
| Current prescription |  |  |  |
| Time on current dose |  |  |  |
| Current GP |  |  |  |
| GP aware of OTP registration |  |  |  |
| Dosing pharmacy and TADs |  |  |  |
| Client aware of shared care option |  |  |  |
| **Stability:** |  |  |  |
| Regular appointment attendance |  |  |  |
| Employed |  |  |  |
| Ongoing legal concerns |  |  |  |
| Ongoing child safety concerns |  |  |  |
| MH concerns |  |  |  |
| Alcohol use |  |  |  |
| Unprescribed/Illicit substance use |  |  |  |
| Attends to ADLs |  |  |  |
| Pharmacy concerns |  |  |  |
| Behavioural concerns |  |  |  |
| Other comments/concerns |  |  |  |