[Date]

[Referring doctor]

[Practice name]

[Postal address]

[Suburb and postcode]

Re: [client name and DOB]

Dear [referring doctor]

Thank you for your referral of [client name] dated [date of referral] for assessment and opinion. [Client name] attended their appointment and has been assessed as suitable for Medication-Assisted Treatment for Opioid Dependence (MATOD) and registration on the Queensland Opioid Treatment Program (QOTP).

I am the case manager for [client name] and will co-ordinate their treatment. Our clinicians will work with [client name] until they are assessed as medically stable by the multi-disciplinary team. At that time, we will ask you to participate in the shared care treatment of [client name] (as outlined below):

* **Shared care with [service name]:**
  + You are NOT required to undertake specialist training.
  + You would NOT be a registered QOTP prescriber. While you would manage routine reviews and the patient’s continuing opioid substitution treatment, the patient will remain registered on QOTP with [service name] and attend this clinic for specialist reviews annually or as required.
  + The approval provided by Healthcare Approvals and Regulation Unit (HARU) will be for this patient only.
  + You will receive support from [service name] including initial training in document/assessment requirements for you and your staff.
  + There is no requirement or expectation for you to treat QOTP patients you have not referred yourself.

Should you be interested in becoming a registered prescriber of QOTP we can assist you in gaining access to training and support you through the process.

[service name] are committed to supporting community prescribers, should you have any immediate concerns or questions please do not hesitate to contact me on the below email or phone number.

Regards

[CM name and details]