

Date:			
Patient name:		D.O.B	
Approved Prescriber:		Phone:	
		Fax:	
Case Manager:		Phone:	
Clinic:		Fax:	
Issue	Yes	No	Comments
Missed doses (number missed/pattern of missed doses)			
Diversion/attempted diversion (describe)			
Evidence of intoxication/other substance use e.g. slurred speech, sedation, observed injecting site			
Indicators of doctor shopping (new scripts, new doctor)			
Potential prescribed drug interactions			
Behavioural issues			
Payment concerns			
Additional Comments			