



Drugs of Dependence Unit

Phone: 1300 652 584

DRUG SEEKING NOTIFICATION

NOTIFICATION OF A PERSON SUSPECTED OF OBTAINING OR ATTEMPTING TO OBTAIN A PRESCRIPTION DRUG BY
FALSE PRETENCES OR OTHER UNLAWFUL MEANS (Section 30, Controlled Substances Act)

SECTION A: PRESCRIBER DETAILS

Surname:

First Name:

Phone:

Address:

Fax / Email:

SECTION B: PATIENT DETAILS

Surname:

First Name:

Date of Birth:

Address:

Gender:

Identifying features,
known alias etc:

SECTION C: PRESENTATION/TREATMENT DETAILS

Presenting condition:

Drug/s administered,
prescribed or requested:

Period over which treatment
has been provided:

Is treatment with drugs of dependence continuing?
(if yes, an application for Authority form must be
completed with specialist support attached)

Yes

No

If drug ceased date discontinued:

Comments:

Please indicate if you wish for this patient to be considered for the next privileged circular:

SECTION D: PRESCRIBER SIGNATURE

Signature:

Date: