

**MENTAL HEALTH AND  
ADDICTIONS SERVICE**

# Community Alcohol and Drug Services (CADS)

## Service user / tangata whaiora 12 weekly medical review information

*This facsimile is confidential. If you are not the intended recipient: (i) do not copy, disclose or use the facsimile in any way; and (ii) please let me know by return facsimile immediately and then destroy this facsimile.*

**GP to complete and fax to CADS.**

To: Primary Health Liaison

From: Dr \_\_\_\_\_

Fax: 07 838 3176 - London Street

Fax: \_\_\_\_\_

Fax: 07 868 9206 - Thames

Fax: 07 886 7296 - Tokoroa

Service user / tangata whaiora details \_\_\_\_\_

**Please update service user / tangata whaiora details**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Date service user / tangata whaiora reviewed \_\_\_\_\_

for 12 weeks \_\_\_\_\_

dd/mm/yy

(Last review dated \_\_\_\_\_ )  
dd/mm/yy

**Dispensing arrangements**

Daily dose: \_\_\_\_\_ (mgs methadone) Split: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Dispensed	M	T	W	T	F	S	S
Consumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please tick one box for each day.**

1. Are service user / tangata whaiora **dispensing arrangements at variance** to national guidelines?  
(i.e. Consume at pharmacy at least three non consecutive days per week) Yes ☐ No ☐

2. Please note **reason for variance** (e.g. employment) \_\_\_\_\_

3. Does this service user / tangata whaiora request **frequent changes** to dispensing arrangements? Yes ☐ No ☐

**Community Drug and Alcohol Services**

☐ 193 London Street  
P O Box 1372, Hamilton 3240.  
Phone 07 834 6902  
Fax 07 838 3176.

☐ 610 Mackay Street  
P O Box 707, Thames 3540.  
Phone 07 868 8249  
Fax 07 868 9206.

☐ Gate 2 Tokoroa Hospital  
Maraetai Road, Tokoroa.  
Phone 07 886 4455  
Fax 07 886 7296.

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## Service user / tangata whaiora 12 weekly medical review information - continued

**4. Tests****Toxicology**

Last test - dated \_\_\_\_\_ dd/mm/yy

- +ve ☐ Amphetamines  
☐ Benzodiazepine  
☐ Methadone metabolites  
☐ Opiates  
☐ Cannabinoids

New test - dated \_\_\_\_\_ dd/mm/yy

- +ve ☐ Amphetamines  
☐ Benzodiazepine  
☐ Methadone metabolites  
☐ Opiates  
☐ Cannabinoids

Hep C status test date \_\_\_\_\_ dd/mm/yy Result ☐ +ve ☐ -ve ☐ ReactiveECG test date \_\_\_\_\_ dd/mm/yy Result ☐ Normal ☐ High

5. Are there any **other health** issues that CADS should be alerted to? ☐ Yes ☐ No  
(e.g. pregnancy, benzodiazepine use).

Please note \_\_\_\_\_

6. **Other prescribed medication:** (N.B. Where benzodiazepines are prescribed, Medicines Control, Medsafe, should be informed)

7. Has the service user / tangata whaiora presented to you or elsewhere:

Intoxicated \_\_\_\_\_ Withdrawal \_\_\_\_\_ Trackmarks \_\_\_\_\_

8. Do you assess this service user / tangata whaiora to be **stable**? ☐ Yes ☐ No

9. Would you like the public health liaison to visit or phone? ☐ Yes ☐ No

10. Comments: \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Doctor's stamp \_\_\_\_\_

**Thank you - PLEASE post or fax with:**

INVOICE	\$113.75	to	CADS
	16.25 GST		193 London Street
	\$130.00 Total		PO Box 1372, HAMILTON 3240.

**Senior Medical Officer**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ dd/mm/yy

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