

## Patient consent to transfer to Buprenorphine from a Methadone dose greater than 40mg

I, \_\_\_\_\_ (full name) \_\_\_\_/\_\_\_\_/\_\_\_\_ (DOB) wish to undertake a transfer from methadone to buprenorphine treatment.

I have been taking \_\_\_\_\_ mg methadone since \_\_\_\_\_ (date of commencement of current dose).

In making this decision, I understand that:

- the procedure for transferring to buprenorphine from doses of methadone higher than 40mg is experimental
- there are risks associated with undertaking this transfer including the likelihood that I may experience significant withdrawal symptoms

I have chosen to undertake this transfer with \_\_\_\_\_ (name of prescribing doctor).

- The procedure for making the transfer and the risks associated with this procedure have been fully explained to me.
- I have been provided with written information about buprenorphine.

My last dose of methadone was \_\_\_\_\_ mg on \_\_\_\_\_ (date) at \_\_\_\_ : \_\_\_\_ am/pm at \_\_\_\_\_ (pharmacy).

My first dose of buprenorphine will be \_\_\_\_\_ mg on \_\_\_\_\_ (date) at \_\_\_\_ : \_\_\_\_ am/pm at \_\_\_\_\_ (pharmacy).

Client signature:	_____	Date:	____/____/____
Prescriber signature:	_____	Date:	____/____/____
Prescriber name:	_____		

(PLEASE USE BLOCK LETTERS)

**Attach completed form to the *Application to prescribe opioid substitution treatment* and fax to CPP on 94710444.**