

## Methadone Treatment Protocol Flow Sheet

Patient's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ PH No. \_\_\_\_\_

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

Pharmacy: \_\_\_\_\_ Family GP. \_\_\_\_\_

Date of Consultation	Methadone Daily Dose	Methadone Weekly Dose	Dispensing Arrangements*	Other Prescribed Medications (prescribed at clinic or other)	Last Sample Result and Date Opiate, Benzo, Cocaine, Other (opt), (bzd), (coc),	General Comments, Referrals: Hep Services, Counselling, Other	Signed

\*DS: Daily Supervised. W: Weekly with one supervised dose (state day)  
 Other: Please state days of supervision or dispensing e.g. M/W/F, Tu/Sat etc

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