

# CENTRAL TREATMENT LIST - EXIT FORM.

All information on this form should be filled in BLOCK LETTERS. THE FORM SHOULD BE FILLED IN FULL.

**THE FORM SHOULD BE FILLED OUT BY PRESCRIBING DOCTOR ONLY.** The list may be checked by telephoning **01 6488638**.

COMPLETED FORMS TO BE RETURNED TO;

**CENTRAL TREATMENT LIST, NATIONAL DRUG TREATMENT CENTRE, MCCARTHY CENTRE, 30/31 PEARSE STREET, DUBLIN 2**

## PATIENT DETAILS

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH:      DAY      MONTH      YEAR  
           

TREATMENT CARD NUMBER: PH  (OFFICE USE ONLY)

## EXIT DETAILS

EXIT DATE:      DAY      MONTH      YEAR  
           

(TICK ONE BOX ONLY)

TRANSFER TO OTHER GP / AGENCY:

TREATMENT SUCCESSFULLY COMPLETED:

TREATMENT FAILURE:

DOUBLE SCRIPTING:

NO CONTACT FOR ONE MONTH:

BARRED:

DECEASED:

DATE OF DEATH: \_\_\_\_\_

PRISON (ONE MONTH):

HOSPITAL (ONE MONTH):

OTHER:

(PLEASE STATE):

\_\_\_\_\_

DOCTOR/AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
STAMP MAY BE USED

SIGNATURE: \_\_\_\_\_

PHARMACY NOTIFIED:      YES       NO       (TICK APPROPRIATE BOX)

CARD RETRIEVED FROM PHARMACY:      YES       NO  (IF APPLICABLE)

**For office Use Only:**

PROCESSED BY: \_\_\_\_\_

DATE:

LETTER SENT TO PHARMACY: YES   
(if Applicable)

NO

DATE LETTER ISSUED:

VERIFIED BY: \_\_\_\_\_

DATE: