

## OPIOID SUBSTITUTION TREATMENT - ENTRY FORM

### CLIENT DETAILS

Please complete in BLOCK LETTERS.

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

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

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

INSERT PHOTO

Please ensure the client signs the back of photo & include D.O.B:

DATE OF BIRTH:      DAY      MONTH      YEAR  
         

CLIENT PH NO:   
**(OFFICE USE ONLY)**

### TREATMENT DETAILS

**Please check the Central Treatment List prior to commencement of Opioid Substitution Treatment. Tel (01)6488638**

COMMENCEMENT DATE:      DAY      MONTH      YEAR      DATE DUE TO FINISH:      DAY      MONTH      YEAR  
                        

**(OFFICE USE ONLY)**

(TICK WHERE APPROPRIATE)

METHADONE:

Buprenorphine/Naloxone:

Buprenorphine:

**(Please complete overleaf if the Buprenorphine/Naloxone or Buprenorphine is ticked)**

### CONSENT AGREEMENT

I have been advised and I understand that I have consented to Opioid Substitution Treatment (OST) and my details will be placed on the HSE Central Treatment List (CTL). I understand that my details will be dealt with in a confidential manner and will be kept safe and secure and that my details will be removed from the CTL after five years when I am no longer in treatment.

### CLIENT SIGNATURE:

**(Please centre signature)**

<b>PRESCRIBING CLINIC/DOCTOR NAME</b>	<b>DISPENSING CLINIC/PHARMACY NAME:</b>
ADDRESS:	ADDRESS:
MCRN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	GMS/PCRS: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TELEPHONE NO:	TELEPHONE NO:
HSE Email/Healthmail address:	HSE Email/Healthmail address:

**COMPLETED ORIGINAL** FORMS TO BE RETURNED TO;  
 CENTRAL TREATMENT LIST NATIONAL DRUG TREATMENT CENTRE MCCARTHY CENTRE 30/31 PEARSE STREET DUBLIN 2

**TEL: (01)6488638** or by healthmail: [centraltreatmentlist.gp@healthmail.ie](mailto:centraltreatmentlist.gp@healthmail.ie)

**Please Note: Treatment card cannot be processed without PATIENT/GUARDIAN SIGNATURE & PHOTOGRAPHS.**

