

OPIOID MANAGEMENT CLINIC

12 Lilburne Street, Lucas Victoria 3350 | 5338 4500



The Opioid Management Clinic is a **free** service, patients will not incur any out-of-pocket expenses when attending the clinic.

NOTE: ALL DETAILS must be completed for referral to proceed. **Email completed referral to:** amsclinic@bchc.org.au

REFERRAL FORM

Healthcare Professional Details:		
Name:		
Provider number:		
Practice name:		
Practice Address:		
Phone:		
Email:		
Fax <i>(you will be notified by fax that an appointment has been booked):</i>		
Patient Details:		
Surname:		
Given name:	Preferred Name:	
Date of Birth:		
Gender at Birth (Medicare registration):	Gender identifies as:	
Country of Birth:	Preferred language:	
Address:		
Home phone:	Mobile phone:	
Email:		
Medicare No:		
HCC/Pension:		
DVA No:		
ATSI:		
Next of Kin:	Phone:	Relationship:
Specialty Required:		
Clinic name: Opioid Management Clinic		
Referral valid for: <input type="checkbox"/> 12 months <input type="checkbox"/> 6 months		
Primary drug/s of concern and reason of concern:		
Secondary drug/s of concern and reason of concern:		

Current substance use issues/concerns?

Patient Mental Health History:

Patient Medical History:**Current Medications and Dosage:**

Has the patient been seen by a health professional at Ballarat Community Health in the past 12 months?

Yes No

Will the patient be required to attend their initial appointment?*

Face to face Video conference

Does the patient have access to video conferencing technology (*smart phone/laptop/webcam*)?***

Yes No

***If the patient is required to attend via video conference, you MUST explain to the patient that a computer with video capabilities or a /mobile/smart phone with video capabilities is required to initiate a video conference.**

****If the patient does not have either of these options, you must be able to arrange with the patient a time that they can visit your practice and be set up in a consulting room with the required technologies to have the AMS consult via video conference.**

Our team will liaise a time with you that suits our specialists' appointment diary. Please enter your practice phone number here so we can discuss this:

Has the patient had a physical assessment in the past 7 days (telehealth appointments only)?

Yes No

Signature:

Date: