

<b>Date:</b>				
<b>Patient name:</b>			<b>D.O.B</b>	
<b>Approved Prescriber:</b>			<b>Phone:</b>	
			<b>Fax:</b>	
<b>Case Manager:</b>			<b>Phone:</b>	
<b>Clinic:</b>			<b>Fax:</b>	
<b>Issue</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	
Missed doses (number missed/pattern of missed doses)				
Diversion/attempted diversion (describe)				
Evidence of intoxication/other substance use e.g. slurred speech, sedation, observed injecting site				
Indicators of doctor shopping (new scripts, new doctor)				
Potential prescribed drug interactions				
Behavioural issues				
Payment concerns				
<b>Additional Comments</b>				