

Appendix 1

Supervised Administration of Methadone/ Buprenorphine In The Community Pharmacy

Client / Pharmacist Agreement Form

As the Pharmacist I agree to:

- Provide a quiet area for your treatment supervision.
- Keep records of your attendance.
- Dispense your treatment in accordance with the prescription.
- Liaise, when necessary, with the clinic or your GP with regard to your treatment.
- Refer you back to the clinic or your GP and discontinue dispensing your prescription if you do not collect your dose from the pharmacy for three days or more. If you attend intoxicated, your methadone/buprenorphine may not be dispensed for that day. If your behaviour causes any problems, you will also be referred back to the clinic or GP.
- Provide health promotion and education.

Date

Pharmacist Signature

As the client I agree to:

- Treat the pharmacy, its customers and its staff with respect.
- Attend the pharmacy daily within agreed times, and with an agreed time limit between visits if my prescription is for twice daily supervised doses.
- Not attend whilst intoxicated with alcohol and/or drugs.
- Attend alone and leave pets outside, unless agreed otherwise.
- In exceptional circumstances, wait or return later if the pharmacy is busy.
- Return to my doctor or the clinic for a re-assessment if I have not collected doses from the pharmacy for three days or more.
- Not allow any other person to attend the pharmacy on my behalf unless arranged previously.
- Raise any queries or problems in a calm and reasonable manner with pharmacist.

Date

Client Name..... Signature.....