

Supervised Administration of Methadone - Patient/pharmacy Agreement

Pharmacy Name		Phone	
Address			
Patient Name		DOB	
Patient's Phone			

The above-mentioned patient agrees to

- Ensure that any new prescriptions issued are presented to the pharmacy as early as possible.
- Take the Methadone in front of the pharmacist and allow the tablet to dissolve under the tongue before leaving.
- Attend the pharmacy daily between the agreed times when the store (Clinic) is open
- Not attend under the influence of alcohol or drugs
- Not allow other people to attend the pharmacy on your behalf unless previously arranged with the prescriber and agreed by the pharmacist.
- Remove sunglasses upon the pharmacist's request
- Be aware that the pharmacist may have to pass on necessary information about your care to the prescriber / key worker on a need-to-know basis
- Attend the clinic for reassessment if you miss picking up your medication for three consecutive days
- Treat the pharmacy staff with dignity and respect

Pharmacist/Pharmacy – Pharmacy Agrees to

- Wherever possible provide a confidential/private area for your Methadone supervision
- Keep records of your supervised consumption and take-home doses
- Dispense your medication in accordance with your prescription (NB: missed doses cannot and will not be dispensed at a later date)
- Liaise with your prescriber/key worker with regards to your care
- Refer you back to the prescriber and not dispense any medication if three or more consecutive days have been missed or as instructed by the prescriber
- Refer you back to the prescriber and do not dispense any medication if you present intoxicated.
- Not dispense medication to representative unless previously arranged with prescriber and previously agreed by the pharmacist.
- Provide advice/information on reducing harm
- Treat the patient with dignity and respect

Client's name	_____	Pharmacist	_____
Signed	_____	Signed	_____
Dated	_____	Dated	_____