

Opioid Agonist Treatment (OAT) Patient Information Checklist

Patient Name: _____

MRN: _____

Usual OAT Prescriber: _____ Notified

Community Pharmacy: _____ Notified

Community Mental Health and Addictions office: _____ Notified

OAT Prescribed:

- Methadone Dose (in mg) and Frequency: _____ mixed in: _____
- Buprenorphine-naloxone Sublingual tablet Soluble film Dose and Frequency: _____
- Buprenorphine extended-release injection (Sublocade®) Dose and Frequency: _____

Last observed dose (Date/Time): _____

Does the patient receive carry doses? Yes No

- How many carry doses last dispensed? _____
- When was last carry dose dispensed? _____
- When was last carry dose ingested? _____
- Were any carry doses brought in by patient? Yes No
- Are any carry doses left at home? Yes No
- If carry doses were not brought in by patient, please provide reason: _____

(Patients should bring in their carry doses. Do not use the patient’s own carry doses as it is always possible that the patient or someone else might have tampered with the carry doses. The carry doses brought in by the patient should be destroyed by the hospital pharmacy following the Narcotic and Controlled Substances Act).

Opioid Agonist Treatment Program

Charlottetown Community Mental Health & Addictions (Provincial Addictions Treatment Facility - PATF)
Phone: 902-368-4120

Summerside Community Mental Health & Addictions (Prince County Hospital)
Phone: 902-888-8380

Montague Community Mental Health & Addictions (126 Douses Road)
Phone: 902-838-0960