

College of Physicians and Surgeons of Ontario

METHADONE PATIENT TREATMENT FORMS

INSTRUCTIONS FOR COMPLETION

The Ontario Ministry of Health and Long Term Care mandates The College of Physicians and Surgeons of Ontario (CPSO) keep a registry of all patients and physicians who are participating in Methadone Maintenance Treatment (MMT) in the province.

WHAT THE CPSO NEEDS:

- The CPSO accepts methadone patient treatment forms that are filled in using word processing. An alternative for locations that do not have Word would be to use the PDF format, or manually typing in the information.
- The information you provide should be in a font resembling TIMES ROMAN 12-BOLD. (The forms come through a computer line, so any faint type loses clarity)
- It is **imperative that all of the fields are filled in**. This will ensure the registry has integrity, accuracy and will flag double doctoring.

*******Forms that do not provide all of the required information will be shredded at the College and your office will be notified that a new submission is needed. The registry will not be updated with this patient information; therefore the patient cannot be approved*******

Note: The College cannot assume any of the required information.

INITIATING/CESSATING PATIENTS (Starting/Stopping patients)

REQUIRED FIELDS ARE:

- LAST NAME
- FIRST NAME
- DATE OF BIRTH (month/day/year)
- HEALTH CARD NUMBER (If the pt does not have a health card, or the card is from another province, this must be indicated on the form, otherwise the pt will not be approved)
- PATIENT'S SIGNATURE
- START and/or STOP DATES. (month/day/year)
- PHYSICIAN NAME
- TREATMENT LOCATION (The name and address of the location whether a clinic or private location. The physician name and where the patient is being treated must be clear. If you require the confirmation to go to another location this must be specified on the form)
- PHYSICIAN'S SIGNATURE

WHEN CESSATING A PATIENT,

- USE THE SAME FORM THAT YOU USED FOR THE INITIATION, WHICH HAS ALL OF THE PATIENT INFORMATION.

- FOR CESSATING PATIENTS WHO WERE INITIATED USING PRIOR VERSION OF THE TREATMENT FORMS, USE THE NEW VERSION, AND TYPE IN THE REQUIRED INFORMATION IN THE PATIENT INFORMATION AND INITIATION SECTION, THEN PROVIDE THE CESSATION INFORMATION.

The original initiation form, depending on your office's policy should then be filed whether by paper or electronic copy. **When the patient's information or status changes, the same form should be used.**

TRANSFERRING PATIENTS

If you are transferring a patient to another physician *who is not a part of your office or practice* the College requires that your office submit a CESSATION form, and the new physician submit an INITIATION form using the above instructions.

Group practices and Clinics may submit a TRANSFER form, if the patient's treatment remains *within the same group practice*.

TRANSFER FORMS REQUIRED FIELDS ARE:

PATIENT INFORMATION

- LAST NAME
- FIRST NAME
- DATE OF BIRTH (month/day/year)
- HEALTH CARD NUMBER (If the pt does not have a health card, or the card is from another province, this must be indicated on the form, otherwise the pt will not be approved)

UNDER *CURRENT* TREATMENT INFORMATION

- CURRENT LOCATION
- CURRENT PHYSICIAN
- START DATE. (month/day/year)
- STOP DATE (month/day/year)

UNDER *NEW* TREATMENT INFORMATION

- THE OFFICE WHERE THE PATIENT IS BEING TRANSFERRED
- THE NEW PHYSICIANS NAME
- THE DATE OF THE FIRST METHADONE DOSE AT THE NEW LOCATION.

Note: Make sure the corresponding start and stop dates coincide.

Either of the physicians indicated on the form may sign for the transaction.

A copy of the Transfer Form should be retained at your office and the new location.