

## NOTIFICATION OF ADDICTION TO DRUGS

**EXECUTIVE DIRECTOR, PUBLIC HEALTH:**

This is to notify you pursuant to the Drugs of Addiction Notification Regulations, 1980 that I, within forty-eight hours of the date of this notice, have become aware or suspect that the person whose name and other particulars are set out below is addicted to drugs and is under a condition of health that is a prescribed condition of health for the purposes of the interpretation "prescribed condition of health" in section 289B of the Health Act 1911 (as amended), and that the drug of addiction specified below is the drug of addiction to which this person is addicted.

Full name .....

Full address .....

..... Postcode .....

Occupation .....

Date of Birth ..... State/Country of Birth .....

Drug (or drugs) of addiction .....

.....

How taken .....

(specify whether by smoking, oral, injection etc.)

Estimated period for which any drug of addiction has been taken .....

Is addiction due to medical treatment? .....

Name of medical practitioner giving this notice:

.....

Address .....

.....

Telephone No .....

Date ..... Signature .....

**Tick this box if you require more forms**

Post To: **PHARMACEUTICAL SERVICES  
DEPARTMENT OF HEALTH  
PO BOX 8172  
PERTH BUSINESS CENTRE WA 6849**

**Telephone: 9222 4424  
Facsimile: 9222 2463**