POST-RELEASE ODT BOOKING & INTAKE

CMYNP PTY LTD (ACN 697 376 453) | Principal NP: Miss Shari Edwards
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To be completed by the re-entry NGO case worker / correctional support officer before release.

1. CLIENT DEMOGRAPHICS & CORRECTIONAL DETAILS

Full legal name

Preferred name / alias

Date of birth (DD/MM/YYYY)

Age

Releasing correctional facility

Corrective Services ID (CRN / IOMS #)

Confirmed / estimated release date (DD/MM/YYYY)

2. POST-RELEASE CONTACT & ACCOMMODATION

Client post-release phone

Re-entry NGO / support agency

Post-release residential address / shelter

Case worker name

Case worker mobile / direct phone

Case worker email

3. CUSTODIAL ODT DOSING HISTORY & PHARMACY SETUP

Current custodial ODT formulation and dose (mg):

- ☐ Buvidal Weekly — Dose: _____ mg
- ☐ Buvidal Monthly — Dose: _____ mg
- ☐ Sublocade Monthly — Dose: _____ mg
- ☐ Suboxone Sublingual Film — Dose: _____ mg
- ☐ Methadone Liquid — Dose: _____ mg

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3. (CONTINUED) PHARMACY

Scheduled date & time of final prison dose

Nominated community pharmacy (name & location)

Pharmacy phone / fax

4. CONSENT & CUSTODIAL IDENTITY WITNESS (NSW HEALTH POSITIVE IDENTITY PROTOCOL)

NMBA / Medical Board telehealth guidelines and RACGP Criterion CG2 require identity verification before prescribing. Clients often leave custody without photo ID, so the case manager, parole officer or NGO re-entry worker must sign below WHILE THE CLIENT IS STILL IN CUSTODY. CmyNP records this in Halaxy. Do not send photos or copies of ID.

- ☐ Multi-agency consent form signed in custody - form attached / on file
- ☐ I verified the client's identity while in custody against official Corrective Services records (e.g. IOMS) or their Gaol Photo Identification.

Witness name & role (case manager / parole / NGO)

Date signed (DD/MM/YYYY)

Witness signature

5. PREFERRED POST-RELEASE CONSULTATION WINDOW

Requested appointment timing:

- ☐ Day of release (warm handover at NGO hub)
- ☐ Day 1 post-release
- ☐ Day 2 post-release

Preferred appointment format:

- ☐ Telehealth phone / video call
- ☐ NGO community hub visit

Return to admin@cmynp.com.au or complete online at seemynursepractitioner.lovable.app/odt-referral. We will confirm the time and pharmacy plan with you.