

## Important Notice: Concerta Medication Shortage

We are aware that there is currently a shortage of Concerta, and unfortunately, this situation is beyond our control. We understand how important it is to continue your treatment, and we are committed to assisting you during this time.

To help us provide the best possible solution, we kindly ask that you complete this Form. This will allow us to submit a request to your treating doctor for an alternative prescription and ensure they have all the necessary information to create a suitable treatment plan.

Please note, that we are unable to accommodate last-minute requests. To ensure we can address your needs, we ask that you allow at least 7 business days for us to respond. We are doing our best to work through these requests as quickly as possible and provide the most effective solutions within our power.

In addition, we recommend reaching out to your local pharmacies to inquire about pre-ordering branded and generic stimulant medications, as this may help you avoid future shortages. Thank you for your understanding and patience during this challenging time. We remain dedicated to supporting you with the best care and service possible.

**Date of Request:** \_\_\_\_\_

### Patient Demographics

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

### Treating Doctor Information

Name of Treating Doctor:

Dr Gareth

Dr Omid

Dr Tomi

Dr Desiree

Dr Rachel

### Current Medication Details

Name of Current Medication: \_\_\_\_\_

Current Dose: \_\_\_\_\_ (e.g., 20 mg daily, etc.)

Any Top-Up Doses (e.g., as needed or additional medication for specific times):

Expected Date when Current Medication will Run Out: \_\_\_\_\_

**Alternative Medication History**

Have you previously trialled any alternative stimulant medications?

Yes

No

If yes, please list the alternative medications trialed and the outcomes (including any side effects or effectiveness):

1. Medication Name: \_\_\_\_\_  
Outcome: \_\_\_\_\_
2. Medication Name: \_\_\_\_\_  
Outcome: \_\_\_\_\_

**Other Relevant Information:**

(Please provide any other relevant details, concerns, or instructions for your request here):

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**Instructions for Use:**

1. Complete all sections of the form.
2. Submit the form to [admin@paedsplus.com.au](mailto:admin@paedsplus.com.au)
3. During this shortage we will endeavour to do our best to come up with alternative solutions.