NALOXONE INTAKE FORM

Form identification number: ODH general allocation ○ Health Department ○ Community Event Number of kits provided: ODH grant (IN201N21) ○ Wher ○ Burgerey Department O Individual ○ Service entity ○ Other ○ Other ○ Other Today's Date: / / Other ○ Other Age: Other ○ Other ○ Other Age: Other ○ Other ○ Other Matrixce(s) and ethnicity do you consider yourself? (check all that apply) ○ What race(s) and ethnicity do you consider yourself? (check all that apply) ○ Not available ○ I do not live in Ohio Do you consider yourself to be male or female?	FO	r of	FICE USE ONLY	How is this naloxone funded?	Distribution setting:				
Number of kits provided: O UDH general allocation O Jail/Prison O Emergency Department Type of kit: O ODH grant (IN20/IN21) O Mobile Unit O Syringe Access Program O Individual O Service entity O ther O Other O Other Age:	Form ide	entifica	ation number:		O Health Department	O Community Event			
Type of kit: O Oth yain (Income) O OuterO OuterO OuterO OuterO OuterO OuterO OtherO Other				O ODH general allocation	O Jail/Prison	O Emergency Department			
O Individual O Other Today's Date: //	Number	of kits	provided:	O ODH grant (IN20/IN21)	O Mobile Unit	O Syringe Access Program			
○ Individual ○ Service entity ○ Other			Type of kit:	O Other	O Quick Response Team	O Treatment/Recovery			
Age: Do you consider yourself to be male or female? Male Female What race(s) and ethnicity do you consider yourself? (check all that apply) White Black/African American Hispanic/Latino Asian Native Hawaiian/Pacific Islander American Indian or Alaska Native Other: O Not available O I do not live in Ohio Do you have health insurance? O Not available O I do not live in Ohio Do you have health insurance? O Not overdose If a friend or family member overdoses (check all that apply) If I overdose If a friend or family member overdoses (check all that apply) If I overdose For location to have on hand (service entity) Yes No Have you O O ever used intravenous (IV) drugs? O ever used intravenous (IV) drugs? O ever overdosed? If yes, how many times? ever overdosed? If yes, how many times? ever overdosed? If yes, how many times? Is this the first naloxone (Narcan) kit you have received? O Yes No If yes, how many times? O ever overdosed? If yes, how many times? O Is this the first naloxone (Narcan) kit you have received? O Yes	O Ir	ndividu	ual O Service entity		O Other				
Do you consider yourself to be male or female? Male Female What race(s) and ethnicity do you consider yourself? (check all that apply) White Black/African American Hispanic/Latino Asian Native Hawaiian/Pacific Islander American Indian or Alaska Native Other:									
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In which Ohio county do you live?	🗆 White 🛛 Black/African American 🗆 Hispanic/Latino 🗔 Asian 🗔 Native Hawaiian/Pacific Islander								
Do you have health insurance? ○ No Yes, I have Medicaid O Yes, I have other insurance (private; Medicare; TRICARE; etc.) ○ Unknown Intended use for naloxone (Narcan): □ If 1 overdose □ If a friend or family member overdoses (check all that apply) □ If 1 see someone overdose □ For location to have on hand (service entity) Yes No Have you ○ ever used intravenous (IV) drugs? ○ ever been in a formal treatment program (other than AA, NA, or other peer support groups)? ○ been released from an inpatient treatment facility within the past 30 days? ○ been released from a jail or correctional facility within the past 30 days? ○ ever overdosed? If yes, how many times? □ O ever overdosed? If yes overdosing → Did the person survive? O Yes O No If no, what happened to your previous kit? O My kit was used on another person who was overdosing → Did the person survive? O Yes O No ○ My kit was used on me O The medication in my kit expired O Other	□ American Indian or Alaska Native □ Other:								
Do you have health insurance? ○ No Yes, I have Medicaid O Yes, I have other insurance (private; Medicare; TRICARE; etc.) ○ Unknown Intended use for naloxone (Narcan): □ If 1 overdose □ If a friend or family member overdoses (check all that apply) □ If 1 see someone overdose □ For location to have on hand (service entity) Yes No Have you ○ ever used intravenous (IV) drugs? ○ ever been in a formal treatment program (other than AA, NA, or other peer support groups)? ○ been released from an inpatient treatment facility within the past 30 days? ○ been released from a jail or correctional facility within the past 30 days? ○ ever overdosed? If yes, how many times? □ O ever overdosed? If yes overdosing → Did the person survive? O Yes O No If no, what happened to your previous kit? O My kit was used on another person who was overdosing → Did the person survive? O Yes O No ○ My kit was used on me O The medication in my kit expired O Other									
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 O The medication in my kit expired O Other How many times have you witnessed someone overdosing? 									
O Other How many times have you witnessed someone overdosing?		-							
How many times have you administered (used) naloxone on someone overdosing?	How many times have you witnessed someone overdosing?								
	How m								



CCPH OENDP Furnishment Form

Agency code:_____

Trained Naloxone Furnisher:

I have educated the recipient on contraindications and precautions. I have specifically instructed the recipient to summon emergency services as soon as practicable either before or after administering naloxone.

[Printed Name]	[Signature]	
[Date]	[Lot #]	[Expiration Date]
[Zip Code of Distribution]	[# of people w	who received training only]

Trained Overdose Responder/Recipient:

will never be shared.

I have received and understand the education provided to me to my full satisfaction.

I have received a box of Narcan[®]/naloxone which includes two (2) 4 mg/mL intranasal devices, instructions for use and a web link to the educational videos for Project DAWN.

 [Printed Name]
 [Signature]

 [Address]
 [Address]

 [Phone]
 [Date]

 Created on: 08/23/2019
 By: CCPH

 Version 1.0

 Per OAC 4729-9-22: Records of distribution shall include: Description of the kind and quantity of naloxone dispensed and Name and Address of the person to whom, or for whose use, the naloxone was dispensed.

 All forms will be securely stored, either digitally or as a hard copy, and will comply with all state and federal regulations pertaining to the proper storage of medical records. Name and Address information