

# NALOXONE INTAKE FORM

<p><b>FOR OFFICE USE ONLY</b></p> <p>Form identification number: _____</p> <p>Number of kits provided: _____</p> <p style="text-align: center;">Type of kit:</p> <p><input type="radio"/> Individual    <input type="radio"/> Service entity</p>	<p>How is this naloxone funded?</p> <p><input type="radio"/> ODH general allocation</p> <p><input type="radio"/> ODH grant (IN20/IN21)</p> <p><input type="radio"/> Other _____</p>	<p style="text-align: center;">Distribution setting:</p> <p><input type="radio"/> Health Department    <input type="radio"/> Community Event</p> <p><input type="radio"/> Jail/Prison    <input type="radio"/> Emergency Department</p> <p><input type="radio"/> Mobile Unit    <input type="radio"/> Syringe Access Program</p> <p><input type="radio"/> Quick Response Team    <input type="radio"/> Treatment/Recovery</p> <p><input type="radio"/> Other _____</p>
<p><b>Today's Date:</b> ___ / ___ / ___ (MM/DD/YY)</p>		
<p><b>Age:</b> _____</p> <p><b>Do you consider yourself to be male or female?</b>    <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p><b>What race(s) and ethnicity do you consider yourself? (check all that apply)</b></p> <p><input type="checkbox"/> White    <input type="checkbox"/> Black/African American    <input type="checkbox"/> Hispanic/Latino    <input type="checkbox"/> Asian    <input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native    <input type="checkbox"/> Other: _____</p>		
<p><b>In which Ohio county do you live?</b> _____    <input type="radio"/> Not available    <input type="radio"/> I do not live in Ohio</p>		
<p><b>Do you have health insurance?</b></p> <p><input type="radio"/> No    <input type="radio"/> Yes, I have Medicaid    <input type="radio"/> Yes, I have other insurance (private; Medicare; TRICARE; etc.)    <input type="radio"/> Unknown</p>		
<p><b>Intended use for naloxone (Narcan):</b>    <input type="checkbox"/> If I overdose    <input type="checkbox"/> If a friend or family member overdoses</p> <p><b>(check all that apply)</b>    <input type="checkbox"/> If I see someone overdose    <input type="checkbox"/> For location to have on hand (service entity)</p>		
<b>Yes</b>	<b>No</b>	<b>Have you...</b>
<input type="radio"/>	<input type="radio"/>	...ever used intravenous (IV) drugs?
<input type="radio"/>	<input type="radio"/>	...ever been in a formal treatment program (other than AA, NA, or other peer support groups)?
<input type="radio"/>	<input type="radio"/>	...been released from an inpatient treatment facility within the past 30 days?
<input type="radio"/>	<input type="radio"/>	...been released from a jail or correctional facility within the past 30 days?
<input type="radio"/>	<input type="radio"/>	...ever overdosed? If yes, how many times? _____
<p><b>Is this the first naloxone (Narcan) kit you have received?</b>    <input type="radio"/> Yes    <input type="radio"/> No</p> <p><i>If no, what happened to your previous kit?</i></p> <p><input type="radio"/> My kit was used on another person who was overdosing → Did the person survive?    <input type="radio"/> Yes    <input type="radio"/> No</p> <p><input type="radio"/> My kit was used on me</p> <p><input type="radio"/> The medication in my kit expired</p> <p><input type="radio"/> Other</p> <p><b>How many times have you witnessed someone overdosing?</b> _____</p> <p><b>How many times have you administered (used) naloxone on someone overdosing?</b> _____</p>		



# 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 who received training only]

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## Trained Overdose Responder/Recipient:

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

I have received a box of Narcan<sup>®</sup>/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]

\_\_\_\_\_  
[Phone]

\_\_\_\_\_  
[Date]