Site: _____

TAKE HOME NALOXONE PROGRAM INTAKE FORM

Gender Identified: _____
Address: _____
Postal Code: _____ Phone: _____

A. Intake Information (for all clients requesting Take Home Naloxone Kits)

Do you use opiates? ☐ Yes ☐ No
If yes, which opioid(s) do you usually use?
☐ Heroin ☐ Oxycodone (Oxys)
☐ Morphine ☐ Methadone/Suboxone
☐ Codeine ☐ Carfentanil
☐ Talwin ☐ Dilaudid (hydromorph, hydro, dillies)
☐ Fentanyl: ☐ patch ☐ powder ☐ blotter
☐ Other: _____

Do you use other drugs? ☐ Yes ☐ No
If yes, which drugs do you use?
☐ Alcohol ☐ Amphetamines
☐ Marijuana ☐ Crack cocaine
☐ Tobacco ☐ Cocaine
☐ Crystal meth (crystal, jib) ☐ Ritalin/Ts and Rs
☐ Ketamine (Special K) ☐ Other: _____
☐ Solvent (sniff)
☐ Benzodiazepines (Xanax, Valium, Ativan, etc.)

How do you use drugs? (if applicable)
☐ Injecting ☐ Smoking ☐ Snorting ☐ Oral ☐ Other: _____

What is the longest you have gone without using drugs? (if applicable) _____
What happens when you don't use drugs? _____
Do you use drugs by yourself, or with other people around? ☐ Self ☐ Other people ☐ Both

Have you ever overdosed? ☐ No ☐ Yes, I have overdosed _____ times ☐ N/A
☐ I have overdosed on the drug(s): _____

(If Applicable)
The last time you overdosed you were at:
☐ Your own home
☐ Someone else's home
☐ At: _____
The last time you overdosed:
☐ Someone called 911
☐ You went to the hospital
☐ Other: _____

Have you ever had naloxone used on you?
☐ No ☐ Yes
☐ I had no bad reaction to naloxone
☐ I had the following reaction to naloxone:
_____

Do you have any known allergies?
☐ No ☐ Yes _____

Have you ever seen someone overdose on opioids?
☐ No ☐ Yes, I have seen about_____ overdoses

Have you ever seen an overdose where someone died?
☐ No ☐ Yes, I have seen _____ overdose deaths

For those currently using drugs:
Are you in an addiction treatment program or on opiate replacement therapy?
☐ No ☐ Yes I am in treatment at: _____
Are you currently prescribed any other medications? ☐ No ☐ Yes: _____

Risk of opioid overdose: Any illicit opioid use; use of any illegal drug with potential opioid adulterants (e.g. powdered cocaine, crystal methamphetamine, illegally manufactured tablets or blotter drugs); prescribed opioids at greater than 20 mg morphine equivalent/day; intention or probably near future illicit opioid use.

Site: _____

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RN Assessment:

Client at risk for opioid overdose	☐ Y	☐ N	_____
Medication is therapeutically appropriate for client	☐ Y	☐ N	
Contraindications to naloxone	☐ Y	☐ N	_____

If naloxone is therapeutically inappropriate or contraindications exist, see Progress Notes for details and safety plan.

B. Overdose Recognition and Response Education Provided:

Signs and symptoms of overdose	☐ Y	☐ N	Factors contributing to overdose	☐ Y	☐ N
Myths about overdose and response	☐ Y	☐ N	Indications for naloxone	☐ Y	☐ N
Emergency Response/Calling 911	☐ Y	☐ N	Artificial respirations	☐ Y	☐ N
Recovery position	☐ Y	☐ N	Client rights and Good Samaritan Act discussed	☐ Y	☐ N
Safekeeping and storage of naloxone	☐ Y	☐ N	Administration of naloxone by intramuscular injection	☐ Y	☐ N
Replacing used or expired naloxone	☐ Y	☐ N			

C. Take Home Naloxone Kit Provision

Client demonstrates understanding of appropriate and safe administration ☐ Y ☐ N
If No, see Progress Notes for safety plan.

Take Home Naloxone Kit provided ☐ Y ☐ N Naloxone Lot Number: _____

Client issues and concerns: _____

_____

Referrals: _____

_____

_____	_____	_____
Date Completed (yyyy/mmm/dd)	Name (print)	Signature

D. Progress Notes (if indicated)

Date	Notes