

NALOXONE INTAKE FORM

TRANSFER TO AGENCY

FOR OFFICE USE ONLY

Form identification number: _____

Date of Kit Transfer: ____/____/____

Transfer Type:

- ☐ One-time partner for distribution
- ☐ Service entity first aid
- ☐ Public NaloxBox/cabinet

Number of kits provided: _____

How is this naloxone funded?

- ☐ ODH Project DAWN
- ☐ Other (non-ODH) _____

Setting:

- | | |
|---|--|
| <input type="radio"/> Community Access Point | <input type="radio"/> Online Mail-order |
| <input type="radio"/> Court System | <input type="radio"/> Pharmacy |
| <input type="radio"/> ED/Urgent Care | <input type="radio"/> QRT |
| <input type="radio"/> FQHC/non-LHD Clinic | <input type="radio"/> School/University |
| <input type="radio"/> Hospital System | <input type="radio"/> Street Outreach |
| <input type="radio"/> Jail/Corrections | <input type="radio"/> Syringe Service Program |
| <input type="radio"/> Leave-Behind (EMS/LEO) | <input type="radio"/> Treatment/Recovery |
| <input type="radio"/> Local Health Department (LHD) | <input type="radio"/> Vending/Dispensing Machine |
| <input type="radio"/> Mobile Unit | <input type="radio"/> Other _____ |

Zip Code of Setting: _____

County of Setting: _____

ONLY FOR SERVICE ENTITY FIRST AID & NALOXBOXES/CABINETS

Is this the first naloxone (Narcan) kit you have received? ☐ Yes ☐ No

If no, what happened to your previous kit?

- ☐ My kit was used on me or someone who was overdosing → Did the person survive? ☐ Yes ☐ No ☐ Prefer not to say
- ☐ The medication in my kit expired
- ☐ Other
- ☐ Prefer not to say