

**Naloxone Distribution Form
Opioid Overdose Prevention Program
Iowa Harm Reduction Coalition**

Date:

Location where participant is receiving naloxone:

PARTICIPANT DEMOGRAPHICS:

Age:

Gender Identity: Man, Woman, Trans (M2F), Trans (F2M)

Race (check all that apply):

- ☐ White
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Asian
- ☐ Black or African American
- ☐ Prefer not to answer

Ethnicity:

- ☐ **Hispanic or Latino**
 - ☐ Mexican / Mexican American / Chicano
 - ☐ Puerto Rican
 - ☐ Central American
 - ☐ Other
- ☐ Not Hispanic or Latino
- ☐ Prefer not to answer

Unique Identifier (first letter first name, third letter first name, first letter last name, third letter last name, month of birth, date of birth; eg: Jesus Gomez, birth date 05/16/2000, JSGM0516)

ELIGIBILITY ASSESSMENT:

	Yes	No
Individual is [CIRCLE ONE AND CHECK BOX TO RIGHT IF CIRCLED]: 1) a person at risk of experiencing an opioid overdose 2) a family member or friend of person at risk 3) a person in a position to assist a person at risk 4) a first responder		
Person at risk does NOT have a known allergy or sensitivity to naloxone or any component of the product to be dispensed. (<i>Answer "yes" if there is no known allergy or the person at risk is not known to the individual</i>)		
Individual is oriented to person, place and time and understands the essential components of opioid-related overdose, appropriate response, and naloxone administration.		
Individual is determined to be ELIGIBLE to receive naloxone at this time (<i>complete absence of "no" responses to above criteria</i>)		
Have you previously received naloxone? [CIRCLE OPTION BELOW IF YES] <input type="radio"/> Yes – Administered <input type="radio"/> Yes - Destroyed / expired <input type="radio"/> Yes - Unknown <input type="radio"/> Yes - Lost / stolen <input type="radio"/> Yes – Still have it		

Have you used a naloxone kit [(intramuscular version) received from IHRC, QCHR, or any participating program in IA IM naloxone distribution] to reverse an overdose? (Circle one)

Yes

No

If yes:

How many overdoses have you reversed?

When was the naloxone used? (If more than one reversal, list all dates)

What was the age, race, and gender of the person(s) who received the naloxone?

How many vials of naloxone did it take to revive the person?

What drugs were used / involved? (Eg. heroin; heroin and meth; just meth)

Zip code:

Other notes not already specified:

By my initials below, I acknowledge:

- I have been provided with information and understand the essential components of opioid-related overdose, appropriate response, naloxone storage conditions, and naloxone administration.
- I attest that I will provide opioid-related overdose, appropriate response, and naloxone storage and administration information to any other person in a position to assist who may use the medication.
- I understand that no further distribution of this product is allowed.

(Eligible recipient initials)

Date

By my signature below, I attest that I have, in good faith, provided the required training and education to the eligible recipient identified above:

Printed name of person dispensing

Date

Product dispensed: _____ Qty of kits dispensed: _____

Medical director under whose authority granted this prescription: Chris Buresh, MD