Overdose Report-Back & Naloxone Refill Form

Date: / /	y y y y		Site:	Location:	
Unique First 3 letters of Identifier mother's first name	Two digit day of birth	Middle initial of consumer	Last two digits of birth year		
1 Used during an OD 2	☐ Lost 6☐ Stolen	₇ □ Confiscated 4 □	Given away/Sold	₈ Expired ₉ ☐ Other	
(Write in the NUMBER. Never = 0.) Naloxone Lot # Expiration Date: m m , y y					
Naloxone Lot #		xpiration Date: m m	<u> </u>	No. of doses given:	
Regarding the overdose experience: Date of Overdose: m m / d d / y y y y					
Note: If "Don't know" is checked or a question is unanswered, please explain in the comments section					
Who overdosed? (check one)	₁□ Friend	₇ □ Partner ₄ □ Clie	ent ₅□ Self ॄ	,☐ Family ₃☐ Stranger	
Gender of the person who overc	dosed? ₁☐ Female	2 Male 3 MtF	- 4□ FtM ,	₃□ Unknown	
Overdosed on what drugs? (check all that apply)	1☐ Heroin 1☐ Suboxone 1☐ Clonidine	 1 Benzos/Barbituates 1 Any other Opioid 1 Methamphetamine 	1☐ Cocaine/ 1☐ Alcohol 1☐ Other: _	₁☐ Don't know	
Was naloxone given during OD? 1☐ Yes 2☐ No If YES, number of doses used:					
Did the naloxone work? ₁☐ Yes ₂☐ No (If naloxone was <u>not given</u> or <u>did not work</u> , please explain in comments.)					
If naloxone worked, how much total time did it take since the first dose was given?					
	₁☐ Less than 1 min	2□ 1-3 min 3□ 3	3-5 min 4□ >5 m	in	
Where did it occur(zip code)?		(If the person doesn't know zip, city/town)	
What setting did it occur in? ₁☐ Private(apt/house) ₂☐ Public (park, subway, bathroom, car, hospital)					
	☐ Yes	•	☐ Don't know		
Was 911 called? ₁☐ Yes					
Recently incarcerated? 1 Yes 2 No 3 Don't know					
Recently in treatment? 1	☐ Yes	2 □ No 3	☐ Don't know		
Were Police/EMTs/Firefighters	•		☐ Don't know	—	
☐ If YES, was the interaction 1☐ Positive 2☐ Neutral 3☐ Negative					
Did you stay with the person until the naloxone wore off and/or the person got medical attention? ₁☐ Yes ₂☐ No					
What else was done? 1☐ S (check all that apply) 1☐ S		☐ Salt/Cocaine shot 1 e Breathing → If Yes, wa		1☐ Other: ☐ Yes 2☐ No 3☐ Don't know	
Any post-naloxone withdrawal symptoms? (check all that apply)					
1☐ None 1☐ Physically Combative 1☐ Irritable or Angry 1☐ Vomiting 1☐ Dope Sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) 1☐ Other:					
Nata-/0					
Notes/Comments:					



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Staff Initials

Gender Abbreviations:

FtM Female to Male transgender MtF Male to Female transgender

Unique Identifier:

Nine-character identifier made up of the following:

First 3 letters of mother's first name

Two digit day of birth Middle initial of consumer Last 2 digits of birth year M, F or T for client's gender

Sam Rowley Mason was born on 12/4/85 and his mom's first name is

Jennifer. Sam's identifier would be JEN04R85M

Location Codes:

[01] Syringe Exchange Program [02] Medical Clinic (OBOT or

Health Center)

[05] Drug/Alcohol Detox Center

[06] Emergency Department

[07] Inpatient Hospital

[08] Homeless Shelter

[10] Community Meeting (at Church, Community Center, etc)

[11] Home Visit

[12] Other (please specify on the form)

[13] Drop-in-Center

[14] Methadone Clinic

[15] Intensive Outpatient Program

[16] Residential Treatment/Halfway House

[17] Street Outreach[18] DOC Program

Site Codes:

[01] HC

[02] H2HC



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