

☐ Consumer
☐ Professional Staff
☐ Community Member
☐ Family Member/Personal Contact

## Region 10 Naloxone Registration Form

Location:			Trainer:_		Date:		_
	Site/A	gency					
Name:	me: Participant#:						_
Address:							_
City:				State:	Zip:		_
Phone Num	ber:						
Date of Birt	h:		Age:	Race:			
Gender Idei	ntity: Ma	ale 🗌 Fe	emale 🗌 Pre	efer not to say	Prefer to self-	describe	
Do you ider	ntify as tr	ansgende	r? Yes No	o 🗌 Prefer no	ot to say		
Are you usii	ng any o <sub>l</sub>	piates? Ple	ease circle al	I the apply.			
Heroin	Methad	done (	Other Opiate:	S			
If you have	ever use	d opiates,	what age di	d you first use?	?N/A		
In the past s	six mont	hs, have y	ou used any	of the followin	ng drugs regularly (m	ore than	1-2
times per m	onth)?						
Cocaine	YES	NO		Valium/Xanax	<pre></pre>	YES	NO
Alcohol	YES	NO		Speed (includ	ing Crystal)	YES	NO
Clonidine	YES	NO		PCP		YES	NO
# of times y	ou have	OD'd?					
# of times y # of times 9				 ople went to ho	ospital? # w	ho died?	
Do you kno	w or con	ne in cont	act with som	eone who may	be at risk for overd	ose? YES	S NC
Date of last	HIV test_		Date of last I	HCV test			
Would you l	ike refer	ral to be t	ested for HIV	//HCV? YES	NO		
Approved P	reventio	n Educato	r:		Date:		