



# Naloxone Enrollment and Record of Use Form

Rev: 07-01-17 DVZ/dvz/jjm

Name of Agency or Public Health Office:  
(No abbreviations, please)

Only report naloxone funded through NMDOH on this form.	County of residence	Visit Type: <i>Choose one</i>	Participant Code: <i>Complete for all entries</i>			Record of Use: (administration of naloxone)							Naloxone Distribution: <i>Complete for all entries</i>				
			First 2 letters of first name	First 2 letters of mother's first name	2-digit year of birth	Was naloxone administered to a person? (Y/N/D)	Date used (MM/DD/YY) (approximate is ok - if day unknown, enter as MM/01/YY)	Number of doses used	Person "OK"	911/EMS/Medical help	Rescue breathing used	Deceased	Unknown	Decline to answer	Number of doses distributed	Interviewer/trainer (initials)	

Complete if "Yes" to: "Was naloxone administered to a person?"  
Complete if "Yes" to: "Was naloxone administered to a person?"  
What happened during the incident?  
(mark an "X" for all which apply)

Complete shaded columns *only* if it is a Record of Use

Complete for all entries

If a participant reports multiple "Record of Use" incidents during one visit, include all doses distributed on the first report row, and record "0" doses distributed on subsequent report rows.