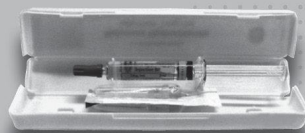


TAKE HOME NALOXONE PROGRAMME



NALOXONE SUPPLY RECORD

Unique Identifier **1st Letter of forename and 1st and 4th letter of surname plus Date of Birth:**
e.g. ABC30/05/1981. (Put an * in place of 4th letter of surname if it is only 3 letters long)

_____/____/____

Postcode: _____ (First half of postcode, as well as the 1st digit of the 2nd half)

Peer Supplied Naloxone Kit: No Yes

Homeless NF1 1 Not known NK01 0

Male Female Trans Not specified

Person at risk Family/Friends Service Worker Other Member of the Public

Local Authority location: East & Midlothian City of Edinburgh West Lothian

If you do not enter your own Naloxone supplies onto the NEO database, please return this form to the designated local Naloxone Lead for each Local Authority either by post or secure email.

Naloxone and Dose issued:

Prenoxad (Intramuscular): Pre-filled syringe for injection 2mg/2ml

OR Nyxoid (Intranasal): 1.8mg/0.1ml:

Number Supplied

Service Name:

Date of supply: ___/___/___

Staff name (Print):

Staff Signature:

First Supply Repeat Supply

Reason for Re-issue (if relevant):

Used on self Used on other Lost kit Confiscated Damaged kit

Expired kit

Comments: