

OVERDOSE RESPONSE PROGRAM (ORP)

TRAINEE REGISTRATION FORM

Please provide the following information:

Sex (optional): Male Female Genderqueer Non-Binary Transgender Man Transgender Women
 _____ Decline to Answer

Race/Ethnicity (optional) check all that apply:

| | |
|---|------------------------------------|
| American Indian or Alaskan Native | White or Caucasian |
| Black or African American | Asian |
| Native Hawaiian or Other Pacific Islander | Are you Hispanic or Latino? Yes No |

Age (optional):

| | | |
|---------|---------|---------|
| <18 | 35 – 44 | 65 – 74 |
| 18 – 24 | 45 – 54 | 75 – 84 |
| 25 – 34 | 55 – 64 | 84+ |

Please check which category best describes your reason for obtaining overdose education and training (please choose only one):

Occupation Volunteer Work Family Member Social Experience Law Enforcement

If you will be receiving naloxone as part of your training today, please provide your name:

First Middle Last

Date: _____ Signature confirming receipt of naloxone: _____

In order to be notified about naloxone recalls, please provide an email address and/or phone number:

FOR ORP USE ONLY:

Individual received:
 Naloxone
 Fentanyl test strips

Prescription (if applicable):

Prescriber Name:

Name of dispensing ORP:

Dispensing location (zip code or address):

Naloxone (if applicable):

Naloxone Lot Number: _____

Naloxone Expiration Date: _____

Narcan nasal spray doses: _____

Intramuscular naloxone doses: _____

Fentanyl test strips (if applicable):

Number dispensed: _____