

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

Date of Birth: _____

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 the following:

 First Middle Last

 Street/PO Box City State

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: <input type="checkbox"/> Naloxone <input type="checkbox"/> Fentanyl test strips		
<i>Prescription (if applicable):</i> Prescriber Name: _____ Name of dispensing ORP: _____ Dispensing location (zip code or address): _____ _____	<i>Naloxone (if applicable):</i> Naloxone Lot Number: _____ Naloxone Expiration Date: _____ # Narcan nasal spray doses: _____ # Intramuscular naloxone doses: _____	<i>Fentanyl test strips (if applicable):</i> Number dispensed: _____