

State of Connecticut Naloxone Program Documentation Form

FOR PHARMACISTS: After providing the state mandated administration counseling, please answer the following questions to the best of your knowledge by checking the appropriate box or writing in the space provided. **Fax to (860) 707-1973.**

QUESTIONS #1 – #7 ARE MANDATORY

IF REFILLING, PLEASE FILL OUT THE REMAINING QUESTIONS

Date of Patient Administration Training: _____
(Training required by CT Public Act No. 15-198 Sec.6)

Pharmacist Name: _____

RX Number: _____

Pharmacy Zip Code: _____

REFILL USE ONLY

1. Who is the health care provider that prescribed the naloxone?

- Pharmacist
- Other health care provider (M.D., APRN, etc.)

2. Was this an initial prescription or a refill?

- Initial fill
- Refill – if so, what fill # is this? _____

3. Whom was this prescription for?

- Self
- Caregiver
- Family
- Friend
- Unknown

4. Which naloxone dosage form was dispensed?

- Intranasal
- Intramuscular syringe
- Auto-injector

5. Billing: Was this prescription reimbursed?

- Product ONLY
- Product and training

Payment Method (circle one) Cash or Third-party

6. Which of the following CT Naloxone Program treatment resource lists, found on the DCP website, were provided?

- Greater Bridgeport and Stamford
- Greater Danbury, Torrington, and Waterbury
- Greater Hartford, Enfield, and New Britain
- Greater New Haven and Middletown
- Greater New London, Norwich, and Willimantic

7. Was a referral to a substance abuse service provided?

- Yes, patient information was shared with a specific referral program, after his/her consent
- Yes, contact information for a specific referral program was provided to the patient
- No referral provided
- No referral required / NA

8. If refilling, what was the reason?

- Administered during overdose
- Lost or stolen
- Expired
- Gave away or sold
- Confiscated
- Unknown
- Other: _____

9. If naloxone was previously administered, who was it to?

- Self
- Client
- Friend or family member
- Unknown
- Other: _____

10. If naloxone was previously administered, which dosage form was used?

- Intranasal
- Intramuscular syringe
- Auto-injector
- Unknown

11. If naloxone was previously administered, how many doses of naloxone were used?

- One
- Two
- Unknown

12. If naloxone was previously administered, what was the result?

- Woke up after naloxone administration
- EMS came and revived the person
- Person remained unconscious and EMS took them to the ER
- Passed away
- Unknown
- Other: _____

