 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Unique Identifier

Opiate (OX) Program

Enrollment Form

|  |  |  |
| --- | --- | --- |
| Date: | Outreach Location: | Outreach Worker: |
| First Name ( if anonymous) | Last Name: ( if anonymous) | Date of Birth: |
| Gender: | Race: | Telephone: |

**How did you hear about Aniz?**

 Push Card/flier  Website  Friend  Social Media  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your HIV status?**  Positive  Negative  Don’t Know?

 Would you like to be tested today?  Yes  No

**What is your HEP-C Status?**  Positive  Negative  Don’t Know?

 Would you like to be tested today?  Yes  No

**Preferred drug of use?**  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Check all that apply)

 Meth  Cocaine  Crack  Marijuana  Benzos  Heroin  Ecstasy  Amphetamines  Bath Salts

**Preferred method of use?**  Injection  Snorting  Smoking  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How often do you use?**  Daily  Weekly  Monthly  Socially/Recreational  Special Occasions

**Have you heard of Naloxone/Narcan?**  Yes  No If no, would you like more information?  Yes  No

**Would you like access to Naloxone/Narcan?**  Yes  No

**Have you witnessed an overdose before?**  Yes  No

**Have you ever been arrested?**  Yes  No

When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For what reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Distributed Items** |
| Narcan Kit#:GA-ANIZ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Narcan Kit #: GA-ANIZ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Narcan Kit #: GA-ANIZ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 OX Kits \_\_\_\_\_  Cookers \_\_\_\_\_  Cottons \_\_\_\_\_  Alcohol Pads \_\_\_\_\_

 Tourniquets \_\_\_\_\_  Safer Sex Kits \_\_\_\_\_  .5 ml Syringe \_\_\_\_\_  28 Gage Syringe \_\_\_\_\_