

Tayside Take Home Naloxone Programme

Naloxone Supply Record



Person's name:	
Person's address: (if no fixed abode please write NFA)	
Postcode:	
Date of Birth:	__ / __ / ____
Gender (please delete):	Male / Female / Transgender / Not specified
Supply to (please tick):	Person at risk <input type="checkbox"/> Family member or friend <input type="checkbox"/> Member of the public <input type="checkbox"/> Staff or service <input type="checkbox"/>

Kit supplied:	Prenoxad IM kit <input type="checkbox"/> Nyxoid Nasal Spray <input type="checkbox"/>
Number of kits:	1 / 2 / 3 / 4 / other _____
Batch Number(s):	_____
Expiry date(s):	_____ __ / __ / ____ __ / __ / ____
First supply (please delete):	Yes / No
Re-supply (please delete):	Yes / No
Reason for re-supply:	Spare <input type="checkbox"/> Used naloxone in OD <input type="checkbox"/> Lost <input type="checkbox"/> Damaged (needle used / kit sprayed) <input type="checkbox"/> Expired <input type="checkbox"/> Other _____
Method of supply:	Face to Face (without OST) <input type="checkbox"/> Postal <input type="checkbox"/> Distributed w/ medication e.g. OST <input type="checkbox"/> Click and Collect <input type="checkbox"/>

Name of supplier:	
Name of organisation:	
Peer (please delete):	Yes / No
ADP area (please delete):	Angus / Dundee / Perth & Kinross
Signature and date:	_____ Date __ / __ / ____

I consent to the sharing of the above information with Public Health Scotland a division of National Services Scotland. The data will be used for evaluation in accordance with the Data Protection Act 2018.

Person's Signature..... Date __ / __ / ____