

Naloxone Medical History

Name _____ CRA # _____

Date of Birth _____ Place of birth _____ Male Female

Age first use of opiates _____ Age began needle use _____

Which opiates using? Heroin Y N Vicodin/hydrocodone Y N
Dilaudid Y N oxycontin Y N codeine Y N methadone Y N

other _____ How much? _____ How often? _____

Do you use alcohol? Y N

In the past six months, which drugs have you used regularly (more than 1-2 times/month)?

Cocaine Y N Valium/Xanax/Ativan/Klonopin Y N

Clonidine Y N PCP Y N Speed (including crystal) Y N

times you have OD'd? _____ When? _____ On what? _____

times witness OD? _____ # taken to hospital? _____ # died? _____

Have you ever had endocarditis? Y N If yes, when? _____

times you had an abscess? _____ When? _____

Are you taking (or supposed to take) any medications? Y N If so, what?

Women: # pregnancies _____ # deliveries _____

Have you been tested for HIV? Date of last test _____

Have you been tested for Hepatitis C? Date of last test _____

How many times have you been to an emergency room (and for what reason) in the last two years?

How many times have you been admitted (stayed overnight) at a hospital in the last two years, and for what?
