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.

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

**Pharmacist Name:** ______________________

**RX Number:** ______________________

**Pharmacy Zip Code:** ______________________

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: _____________________

---


Connecticut Pharmacists Association [www.ctpharmacists.org](http://www.ctpharmacists.org)

Last Updated 9/16/15