



**OVERDOSE/ NALOXONE USE REPORTING FORM**

*Fill out this form ONLY if the Naloxone used was from a Homes First site*

Name of staff filling out form:

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Date AND time form was filled:

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Site:

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**Choose ONE of the following options:**

Naloxone was used on a resident

A resident used Naloxone on someone else

**Gender of the resident involved in the overdose (choose from the following):**

Male  Female  Trans Female  Trans Male  Other

**Fill out the following information about the overdose/ Naloxone use incident:**

Number of NASAL SPRAY doses used:

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Number of INJECTION doses used:

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911 was called

**If you are filling out this form for a resident who used Naloxone on someone else and they are refusing to provide details check the box below:**

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