



Naloxone Kit Dispensing Record

Date: _____

Community: _____

A Naloxone Kit was dispensed on this date.

Expiry date of Naloxone: _____

Patient Age: _____

☐ Male ☐ Female ☐ Other

For tracking purposes, please select one of the following:

- ☐ Kit obtained by a person currently using opioids and at risk of overdose.
- ☐ Kit obtained by a person who is a past user of opioids and is at risk of returning to opioid use and overdose.
- ☐ Kit obtained by a person who is a family member, friend or other person in a position to assist a person at risk of overdose from opioids.

☐ Training provided

Nurse: _____

Please fax completed form to the Pharmacy Department at the
Qikiqtani General Hospital at **1-867-975-8606**