

THN Brief Intervention

RECORD OF COMPLETION

Save this pdf to your computer or device to fill out and save for your records.

This is to certify that (name optional)

☐ provided consent and successfully completed a THN Brief Education Intervention.

Date of
supply:

AAS location:

Worker's name:

Worker's designation:
(e.g. Nurse, Social
Worker, NSP Worker,
Administration Officer etc)

Number of units supplied (Please enter number in corresponding box)

Nyxoid ®

Prenoxad ®

Naloxone Juno

Naloxone Hydrochloride
(DBL)

Batch number:

Expiry date:

Non-mandatory data

The supply was:

☐ Initial / first-time issue

☐ Reissue

If reissue, please briefly state reason:

☐

THN was lost, damaged
or expired

☐

THN was used on the
individual

☐

THN was used on
another person

☐

Other (please enter)