



# TAKE HOME NALOXONE UPDATE SITE DETAILS FORM

Please use this form to update site contact details or to advise the THN program of changes to personnel.

Please E-MAIL [naloxone@bccdc.ca](mailto:naloxone@bccdc.ca) – If you don't have e-mail, please fax to 604-707-2516. Additional staff names may be sent on a separate sheet with this form. Please print CLEARLY with a dark colored pen.

## SITE IDENTIFIER (All sites, please complete)

Site Name:	
Site Number:	

## BASIC SITE INFORMATION (Only complete sections that require updating)

### 1. New Site Address

Site Name			
Site Address	Street:		
	City:		Postal Code: <input type="text"/>
Phone Number		Hours of Operation	

### 2. Updates to Site Access (Please indicate if you would like your site to be publically listed on the THN site finder)

Yes, public may access site (*Select all that apply*)  
 Take Home Naloxone    Safer Sex Supplies    Safer Drug Use Supplies

No, site services clients only

### 3. New Naloxone kit delivery address *\*Note that kits can NOT be mailed to a PO Box or Bag*

Name of Pharmacy/Clinic			
Shipping Address*	Street:		
	City:		Postal Code: <input type="text"/>
Phone Number		Hours of Operation (for delivery)	

Special Delivery Instructions (ex. buzzer #)	
--	--

**CHANGES TO SITE PERSONNEL INFORMATION (Only complete fields that require updating)**

**1. Site Coordinator(s) (max. 2)**

	First Name	Last Name	Phone Number	Email	Preferred Mode of Communication
<i>Coordinator 1</i>					<input type="checkbox"/> Phone <input type="checkbox"/> Email
<i>Coordinator 2</i>					<input type="checkbox"/> Phone <input type="checkbox"/> Email

**2. Who will assess eligibility and assume responsibility for distribution of naloxone (MUST be a health care provider)**

	First Name	Last Name	Designation
<i>Care Provider 1</i>			<input type="checkbox"/> Regulated _____ <input type="checkbox"/> Unregulated _____
<i>Care Provider 2</i>			<input type="checkbox"/> Regulated _____ <input type="checkbox"/> Unregulated _____
<i>Care Provider 3</i>			<input type="checkbox"/> Regulated _____ <input type="checkbox"/> Unregulated _____
<i>Care Provider 4</i>			<input type="checkbox"/> Regulated _____ <input type="checkbox"/> Unregulated _____
<i>Care Provider 5</i>			<input type="checkbox"/> Regulated _____ <input type="checkbox"/> Unregulated _____

**3. Please use this space to list personnel who have now left the THN site**

First Name	Last Name	Previous THN Role (if known)

## SATELLITE SITE INFORMATION

### 1. Please list details of satellite sites receiving supplies from your registered THN receiving site.

Satellite Site Name	Satellite Site Coordinator	Satellite Site Phone Number	List Site on Toward the Heart Site Finder?
			<input type="checkbox"/> Yes (Please completed 'Map My Site' Form) <input type="checkbox"/> No, Do Not Map
			<input type="checkbox"/> Yes (Please completed 'Map My Site' Form) <input type="checkbox"/> No, Do Not Map
			<input type="checkbox"/> Yes (Please completed 'Map My Site' Form) <input type="checkbox"/> No, Do Not Map
			<input type="checkbox"/> Yes (Please completed 'Map My Site' Form) <input type="checkbox"/> No, Do Not Map
			<input type="checkbox"/> Yes (Please completed 'Map My Site' Form) <input type="checkbox"/> No, Do Not Map
			<input type="checkbox"/> Yes (Please completed 'Map My Site' Form) <input type="checkbox"/> No, Do Not Map