

NAME – ADDRESS – PHONE – HEALTH HISTORY (NAPH) FORM

Sections I thru IV – To be completed by Individual Picking up Medications

Date: _____ Site: _____ City: _____ County: _____

I. INFORMATION (person picking up medications)

Last Name _____ First Name _____
Address _____
City _____ State _____ Zip Code _____
Phone (H) _____ (W) _____ (Cell) _____
Age _____

If under age 18 years

Name of Guardian _____ Phone _____

II. ACKNOWLEDGEMENT/CONSENT (person picking up medications)

I am picking up medications for myself and/or others that live in my household or for someone who is unable to pick up their own medications.

NO ONE IN MY RESIDENCE IS RECEIVING ADDITIONAL MEDICATIONS AT OTHER SITES

I am seeking medication in accordance with Centers for Disease Control (CDC) guidelines and the state and county health department. I have received information about the disease and medications. I consent to take the medications.

Signature _____ Date _____

III. HISTORY of all Household Members

Conditions – (Circle Y or N to indicate whether anyone in the household has one of the following conditions):

- | | | | |
|--|---|---|----------------|
| 1. Epilepsy | Y | N | |
| Kidney Disease | Y | N | |
| Liver Disease | Y | N | |
| Pregnant | Y | N | |
| Breastfeeding | Y | N | |
| 2. Allergic to Medications: | Y | N | List Med _____ |
| Allergic to Doxycycline: | Y | N | |
| 3. Are there children/persons under 90 pounds? | | | |
| | Y | N | |

If YES is marked in any section, list affected household members in Section V

Sections I & II RECEPTION

Section III – REGISTRATION REVIEW

IV. Complete if answered NO to questions in Section III and no allergies to Doxycycline

List names of family members (to include last name if different from yours)

SECTION IV

V. ASSESSMENT (Complete if answered YES to questions in Section III or if there is an allergy to Doxycycline)

Name	Condition (From Section III)	Medication Allergy	Weight (if less than 90)	Medication Dispensed	Amount of medication dispensed (Tabs or ml)	R

Total # of Persons Receiving Medication:

Section V. Patient completes first column (shaded area), Assessment finishes. Check box is completed when RX is dispensed

CLINIC USE ONLY

VI. Interventions

Section VI. ALL SECTIONS