

OPIATE RESPONSE TEAM REPORTING FORM

Staff Person Completing the form _____

Date: _____ **Time Arrived:** _____ **Time Completed:** _____

Team Members:

Team Leader: _____
(Law Enforcement Officer(s))

Peer Recovery Support Person: _____

Agency: _____

Person Visited: _____

Address: _____

Phone: _____

D.O.B.: _____

____ No Answer ____ Refused to participate ____ Participated

____ Left Information ____ Left Information

____ Scheduled Re-visit

If participated, complete below:

____ Person Only ____ Supports also participated (family or friends)

____ Scheduled appointment ____ Willing to participate in recovery process

Agency: _____ ____ Left contact information for questions

Date & Time: _____

Additional Information (include number of overdoses, apparent willingness to seek help, etc.):
