



# QRT Visit Form

Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Drug of Choice: \_\_\_\_\_ Last Use Date: \_\_\_\_\_

Pending Criminal Charges: \_\_\_\_\_ Where: \_\_\_\_\_

How Many Overdoses In the Past 12 Months: \_\_\_\_\_

Are You Employed? \_\_\_\_\_ Current Employer: \_\_\_\_\_

Insurance: \_\_\_\_\_

Treatment Center Referred to: \_\_\_\_\_

Assessment Appointment date: \_\_\_\_\_

Level of care open to: \_\_\_\_\_

Overdose Bag Given? \_\_\_\_\_

Number of Narcan kits left: \_\_\_\_\_

Does Offender Know How to Use Narcan? \_\_\_\_\_

Was Narcan Training Given? \_\_\_\_\_

Number of Fentanyl Test Strips Left Behind: \_\_\_\_\_

Treatment Information left behind: \_\_\_\_\_

Al-Anon or Nar-Anon Information Given? \_\_\_\_\_

Was Tyler McGraw's Contact Info Left Behind? \_\_\_\_\_

Did Clergy Attend? \_\_\_\_\_ Did EMS Attend? \_\_\_\_\_

Which Treatment Center Attended: \_\_\_\_\_

Notes: \_\_\_\_\_