Place Rx Sticker Here

Have you used (or tried) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ since your last visit?

If yes, what substance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ?

Must be clean for 7-14 days (minimum) to avoid severe withdrawal symptoms. If not, do not administer.

Have any feelings of depression worsened w/in the last month? If yes, explain below

**FEMALES**: Currently on a form of birth control? **Yes / No**

PREGNANCY TEST NEGATIVE confirmed with patient **Yes / No**

Pregnancy Test Supplied / Offered to Patient **Yes / No**

VIVITROL 380MG INJECTION NDC 65757-0300-01

Leave at room temperature for one hour before mixing (maximum of 7 days at room temperature- cumulative)

|  |  |  |  |
| --- | --- | --- | --- |
| MEDICATION | LOT # | EXP DATE | IM side (gluteal) |
| VIVITROL 380mg injection  NDC 65757-0300-01 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | LEFT / RIGHT (CIRCLE ONE |

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_

RPh Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_