## **Household Health Information Form** Answer All Questions Below: Full Name of Person Picking up Medication: Address: City/State/Zip: Phone: Date of Birth: Date: C Α В D Provide the name and age of each To Be Completed person for whom you are picking Is the person Is the person listed on Does this person Is the person listed up medication. this line allergic to listed on this on this line allergic weigh less than 99 By Staff · Ciprofloxacin or pounds (lbs): line: to Quinolones Answer YES or NO to questions in Doxycycline • If yes, indicate Breastfeeding Or are they taking: column A, B, C and D for each • Tizanadine / Zanaflex weight below Medication Label person whom you are picking up OR OR Do they have: Given medication. Myasthenia Gravis Tetracyclines Pregnant Doxy 100mg 1)Self: Cipro 500mg NO / YES Crush Instruct NO / YES NO / YES NO / YES Liquid Mix Instr **LBS** Med Referral Age: Doxy 100ma 2) Name: Cipro 500mg NO / YES Crush Instruct NO / YES NO / YES NO / YES Liquid Mix Instr **LBS** Age: Med Referral Doxy 100mg 3) Name: Cipro 500mg NO / YES NO / YES NO / YES Crush Instruct NO / YES Liquid Mix Instr LBS Med Referral Age: Doxy 100mg 4) Name: Cipro 500mg NO / YES Crush Instruct NO / YES NO / YES NO / YES Liquid Mix Instr LBS Med Referral Age: Doxy 100mg 5) Name: Cipro 500mg NO / YES Crush Instruct NO / YES NO / YES NO / YES Liquid Mix Instr **LBS** Med Referral Age:

(check one) Medication was Accepted  or Refused  Patient Signature:	Medical Referral Notes:		
	(check one) Medication was Accepted  or Refused	Patient Signature:	

Provide the name and age of each	Α	В	С	D		
person for whom you are picking up medication.  Answer YES or NO to questions in column A, B, C and D for each person whom you are picking up	Is the person listed on this line:  • Breastfeeding  OR	Is the person listed on this line allergic to  Doxycycline OR	Is the person listed on this line allergic to  Ciprofloxacin or Quinolones  Or are they taking:  Tizanadine / Zanaflex	Does this person weigh less than 99 pounds (lbs):  • If yes, indicate weight below	To Be Con By Sta	•
medication.	Pregnant	Tetracyclines	Do they have:  • Myasthenia Gravis		Medication Given	Label
6) Name:	NO / YES	NO / YES	NO / YES	NO / YES LBS	Doxy 100mg Cipro 500mg Crush Instruct Liquid Mix Instr Med Referral	
7) Name:	NO / YES	NO / YES	NO / YES	NO / YES LBS	Doxy 100mg Cipro 500mg Crush Instruct Liquid Mix Instr Med Referral	
8) Name:	NO / YES	NO / YES	NO / YES	NO / YES LBS	Doxy 100mg Cipro 500mg Crush Instruct Liquid Mix Instr Med Referral	
9) Name: Age:	NO / YES	NO / YES	NO / YES	NO / YES LBS	Doxy 100mg Cipro 500mg Crush Instruct Liquid Mix Instr Med Referral	
10) Name: Age:	NO / YES	NO / YES	NO / YES	NO / YES LBS	Doxy 100mg Cipro 500mg Crush Instruct Liquid Mix Instr Med Referral	

**Medical Referral Notes:** 

Fill out additional pages if medication is being picked up for more than 10 people.

## **Medication Decision Key**

	Α	В	С	D	
	Is the person listed on this line: • Breastfeeding OR • Pregnant	Is the person listed on this line allergic to • Doxycycline or	Is the person listed on this line allergic to • Ciprofloxacin or Quinolones	Does this person weigh less than 99 pounds (lbs): Indicate weight	
		Tetracyclines	Or are they taking:  • Tizanadine / Zanaflex	[If "NO", ignore this	
			Or do they have: • Myasthenia gravis	column in decision- making]	
	Answer A	Answer B	Answer C	Answer D*	Provide
* If YES is circled in the D column, or if patient is UNABLE TO SWALLOW pills, provide crushing instructions or liquid instructions as appropriate.  If NO is circled in column D, and patient is able to swallow pills, ignore column D and proceed with decision-making matrix.	No	No	No	Yes: provide crushing instructions	Doxy or Cipro (choose primary medication offered in SNS cache received)
	No	No	Yes	<b>Yes</b> : provide crushing instructions	Doxy
	No	Yes	No	<b>Yes</b> : provide liquid mixing instructions	Cipro
	Yes	No	No	<b>Yes</b> : provide liquid mixing instructions	Cipro
	Yes	Yes	No	<b>Yes</b> : provide liquid mixing instructions	Cipro
	Yes	No	Yes	<b>Yes</b> : provide Medical Referral	Medical Referral
	No	Yes	Yes	<b>Yes</b> : provide Medical Referral	Medical Referral
	Yes	Yes	Yes	<b>Yes</b> : provide Medical Referral	Medical Referral