

EXCHANGE MENU

Initials:	DOB-MM/YY:	M/F:	Postcode District:		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Main substance used:	Tick if added to PharmOutcomes <input style="width: 40px; height: 20px;" type="checkbox"/>
1ml One Hit Kit 1 x 1ml myjector, 1 x citric acid 1 x mediswabs, 1 x spoon.	<input style="width: 60px; height: 40px;" type="text"/>	Heroin	<input style="width: 60px; height: 20px;" type="text"/>	Pharmacy Stamp & Date:	
2ml One Hit Kit ORANGE 1 x 2ml syringe, 1 x long orange needle, 1 x citric acid, 1 x mediswabs, 1 x spoon.	<input style="width: 60px; height: 40px;" type="text"/>	Crack/ Cocaine	<input style="width: 60px; height: 20px;" type="text"/>		
2ml One Hit Kit BLUE 1 x 2ml syringe, 1 x long blue needle, 1 x citric acid, 1 x mediswabs, 1 x spoon.	<input style="width: 60px; height: 40px;" type="text"/>	Snowballing	<input style="width: 60px; height: 20px;" type="text"/>		
Fitness Pack 10 x 2ml syringe, 10 x long blue needle, 10 x green needle, 10 x mediswabs.	<input style="width: 60px; height: 40px;" type="text"/>	Amphetamines	<input style="width: 60px; height: 20px;" type="text"/>		
		Steroids	<input style="width: 60px; height: 20px;" type="text"/>		
		Other - please state:			
		Sharps Bin taken	<input type="text" value="Y/ N"/>		
		Sharps Bin returned	<input type="text" value="Y/ N"/>		
		Harm Reduction advice given	<input type="text" value="Y/ N"/>		
		Service user referred to Recovery Steps	<input type="text" value="Y/ N"/>		

Please indicate how many of each item you need: No more than 10 One Hit Kits & 5 Fitness Packs to be taken in one exchange.

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