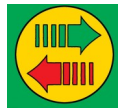


# Xchange



Date of visit.....	Initials.....	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Birth Month and Year .....	Postal District E.g. WF1 .....			
Substance used:				
Heroin <input type="checkbox"/>	Steroids <input type="checkbox"/>	Cocaine <input type="checkbox"/>	Crack <input type="checkbox"/>	
MCAat <input type="checkbox"/>	Ketamine <input type="checkbox"/>	Amphetamine <input type="checkbox"/>	Snowballing <input type="checkbox"/>	
Other.....				
Do you get support from a drug service? Yes No				
I would like to speak to a pharmacist about health advice Yes No				

Item	Quantity	Item	Quantity
Starter Pack		Spoons (Pack of 5)	
Yellow Bin		Swabs	
Black Bin		Filters (Strip of 6)	
1ml Barrel		Blue Needle	
2ml Barrel		Green Needle	
Citric Acid		Long Orange Needle	
Vit C		Short Orange Needle	
Myjector		Brown Needle	
Nevershare		No: of Black Bins Returned..... No: of Yellow Bins Returned.....	

Pharmacy use only: Referral made to:.....
Inputted into PharmOutcomes YES by.....

# Xchange



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