



## Pharmacy Needle and Syringe Programme

### Your Information

<b>Initials</b>	
<b>Date of Birth</b>	
<b>Postcode (first part only e.g S3)</b>	
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Main drug used (Primary drug of choice)</b>	Amphetamines <input type="checkbox"/> Benzodiazepines (e.g Diazepam) <input type="checkbox"/> <input type="checkbox"/> Crack Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Heroin <input type="checkbox"/> Cannabis <input type="checkbox"/> Crack and Heroin together <input type="checkbox"/> Methadone ampoules <input type="checkbox"/> Steroids/growth hormone <input type="checkbox"/> Other <input type="checkbox"/>
<b>Second/other drugs used (Secondary drug of choice)</b>	Amphetamines <input type="checkbox"/> Benzodiazepines (e.g Diazepam) <input type="checkbox"/> <input type="checkbox"/> Crack Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Heroin <input type="checkbox"/> Cannabis <input type="checkbox"/> Crack and Heroin together <input type="checkbox"/> Methadone ampoules <input type="checkbox"/> Steroids/growth hormone <input type="checkbox"/> Other <input type="checkbox"/>
<b>Main Injection Site (Tick all that apply)</b>	Arm <input type="checkbox"/> Leg <input type="checkbox"/> Hand <input type="checkbox"/> Foot <input type="checkbox"/> Neck <input type="checkbox"/> Groin <input type="checkbox"/> Muscle <input type="checkbox"/> More than one site <input type="checkbox"/>
<b>Do you share needles?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt: Have you shared needles in the last 4 weeks?
<b>Are you in structured treatment?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt: Are you being treated for drug addiction?
<b>Are these items for somebody else?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Your Requirements – Pick and Mix

Item	Quantity <i>(Total amount supplied is at the discretion of the pharmacist)</i>
0.5ml Insulin syringe	
10ml Barrel	
1ml Insulin syringe and needle	
1ml "Never-Share" syringe and needle	
2ml Barrel	
5ml Barrel	
Needles Blue 0.6x25mm	
Needles Brown 0.4x13mm	
Needles Green 0.8x40mm	
Needles Orange 0.4x16mm	
Amp Breaker	
Citric Acid sachets	
Vit C sachets	
Condoms	
Lubricant	
Filters	
Hand Cleaner	
Sharps Bin issued	
Large Sharps Bin issued	
Sharps Bin returned	
Steri-cups	
Swabs	
Water for injections	



## Consent to Participate in Pharmacy Needle and Syringe Service

I agree that the non-identifiable information obtained during the service can be shared with:

- Sheffield Drug and Alcohol Co-ordination Team (DACT), the commissioner of the service to allow them to make sure the service is being provided properly by the pharmacy;
- National Drug Treatment Monitoring System. This is the database used to collect information on drug and alcohol treatment provision. It is managed nationally by the National Treatment Agency for Substance Misuse (NTA), the NHS body responsible for collecting drug and alcohol data and for overseeing drug misuse treatment in England.

Sheffield DACT asks us to collect information on the ethnicity of people using this service.

**What is your ethnic group?** Please choose one section from A to F, then tick the appropriate box to indicate your ethnic group.

<b>A - White</b> <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Any other White background	<b>B - Mixed</b> <input type="checkbox"/> Mixed - White and Black Caribbean <input type="checkbox"/> Mixed - White and Black African <input type="checkbox"/> Mixed - White and Asian <input type="checkbox"/> Mixed - Any other mixed background
<b>C – Asian of Asian British</b> <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Any other Asian background	<b>D – Black or Black British</b> <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Any other Black background
<b>E – Chinese or other ethnic group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	<b>F - I do not wish to disclose</b> <input type="checkbox"/>

Sheffield DACT asks us to collect information on the sexuality of people using this service

**What is your sexuality ?** Please choose one section from A to E, then tick the appropriate box to indicate your sexuality.

<b>A – Heterosexual</b> <input type="checkbox"/>	<b>B – Homosexual (Gay/Lesbian)</b> <input type="checkbox"/>
<b>C – Bisexual</b> <input type="checkbox"/>	<b>D – Other</b> <input type="checkbox"/>
<b>E - I do not wish to disclose</b> <input type="checkbox"/>	

<b>Signature</b>		<b>Date</b>	
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