Medication Screening Form • SAMPLE

Head of Household

Name _____

Address _____

City, State, Zip _____

Phone _____

Step 1 In the rows below, list all household members for whom you are picking up medication today. Place YOUR name in the first row.

Step 2 For each person listed, answer all three questions.

Question 1	Question 2	Question 3
Is this person allergic to or should not take: ■ Doxycycline? ■ Tetracycline? (Vibramycin) ■ Minocycline?	Is this person allergic to or should not take: ■ Ciprofloxacin (Cipro)? ■ Levofloxacin (Levaquin)? ■ Other floxacin?	Is this person: ■ In second half of pregnancy? ■ Breast-feeding? ■ A child under 8 years old?

Decision Chart • STAFF USE ONLY			
Answer 1 Allergic or not to take Doxy-cycline?	**Answer 2** Allergic or not to take a floxacin?	**Answer 3** Child, pregnant, or breast-feeding?	**Provide**
No / DK	No / DK	No	Doxy
No / DK	No / DK	Yes / DK	Cipro
No / DK	Yes	Any	Doxy
Yes	No / DK	Any	Cipro
Yes	Yes	Any	Refer

Key DK = Don't Know • **ANY** = Any Answer (Y, N, DK)

	Affix Label Here	Last Name, First Name	Yes, No, Don't Know?	Yes, No, Don't Know?	Yes, No, Don't Know?
1					
2					
3					
4					
5					
6					
7					
8					
9					

Check Medication to Provide • STAFF USE ONLY		
☐ Doxy	☐ Cipro	☐ Referral Reason
☐ Doxy	☐ Cipro	☐ Referral Reason
☐ Doxy	☐ Cipro	☐ Referral Reason
☐ Doxy	☐ Cipro	☐ Referral Reason
☐ Doxy	☐ Cipro	☐ Referral Reason
☐ Doxy	☐ Cipro	☐ Referral Reason
☐ Doxy	☐ Cipro	☐ Referral Reason
☐ Doxy	☐ Cipro	☐ Referral Reason
☐ Doxy	☐ Cipro	☐ Referral Reason

Add totals for Doxy and Cipro columns: ▶

Step 3 Each person should take the medication checked in his or her row.