**FAST Overdose Alert Form – [Insert Community Name]**

**Information about the person/agency completing the form:**

|  |  |
| --- | --- |
| Name of person completing form: | Are you a service provider?  |
| Yes |  | No |  |
| Organization/agency completing form: | Date form completed: |

**Information about the person/situation who had a negative reaction**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Age: | Gender: Male  |  | Female |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Unknown: |  |
| Date of incident: | Time of incident: |
| In which neighbourhood did this happen? |
| What is the closest intersection to the incident? |
| In what type of place did the incident happen? |

**What substance(s) were involved (check √ all that apply)**

|  |  |  |
| --- | --- | --- |
|  | **Substance intended to be involved** | **Substance actually involved** |
| Alcohol |  |  |
| Marijuana |  |  |
| Hallucinogens/party drugs (e.g., ecstasy, mushrooms, LSD, GBH) |  |  |
| Cocaine |  |  |
| Prescription opiates (e.g., Diluadid, morphine) |  |  |
| Benzodiazepines (e.g., Valium, Xanax) |  |  |
| Crystal meth |  |  |
| Amphetamines |  |  |
| Crack |  |  |
| Heroin |  |  |
| Fentanyl |  |  |
| Speed balls (e.g., heroin and cocaine) |  |  |
| Flakka |  |  |
| I don’t know |  |  |
| Other (please specify) |  |  |

**What reaction(s) did the person experience?** **(check √ all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vomiting or choking |  |  | Severe headache |  | Other (please specify) |
| Blue lips, nails, or skin |  |  | Seizures |  |
| Unresponsive to loud noises or pain |  |  | High temperature (overheating but not sweating) |  |
| Limp body |  |  | Agitation and paranoia |  |
| Cold or clammy skin |  |  | Hallucinations |  |
| Small pupils |  |  | Unconsciousness |  |
| Chest pain |  |  | I don’t know |  |
| Disorientation/confusion |  |  |  |  |

**Emergency services (check √ what applies)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Was 911 called?  | Yes |  | No |  | I don’t know |  | I don’t want to answer |  |
| If 911 was not called, why not?  | I don’t know |  | I don’t want to answer |  |
| 911 was not called because (please specify) |

**Outcome (check √ what applies)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did the person survive the incident? | Yes |  | No |  | I don’t know |  |
| Is there anything else you would like to add (e.g., such as an unexpected reactions)? Please do not include any identifying information including names. |

Report these findings online at **[insert link to online survey]**