NEW MEXICO DEPARTMENT OF HEALTH

Syringe Service Enrollment and Daily Log Form

Rev: 07-01-17 DVZ/dvz/jjm

Name of Agency or Public Health Office: *(No abbreviations, please)*	
Exchange location - address/cross-streets (Optional):	

Visit Type:		**Participant Code:**			**Syringes:** (Collected & Distributed)		**Navigation Codes:** (Linkage to Care): when assistance to services is provided - not when referral phone numbers, pamphlets, or lists are provided		**Staff & Agency Information:**	
							0 – None provided; 6 – Legal; 1a – HIV; 1b - HCV; 1c STD; 7 – Job/emplymt servs; 2 – Substance treatment; 8 – Naloxone (Narcan); 3 – Healthcare services; 9 – Other; 4 – Housing; 10 – Food bank/services; 5 – Social services/Behavioral health			
Date	Check only if first enrollment/visit	First 2 letters of first name	First 2 letters of mother's first name	2-digit year of birth	Number of syringes collected	Number of syringes distributed	1st navigation assistance code (required)	2nd navigation assistance code (optional)	Staff initials	Notes - optional: (these are for local use only) Remember, no PHI