XXXX Area POD Plan

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| **NAPH (name, address, patient history) Form**Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_  | Contact Phone Numbers |
| Home: ( ) |
| Cellular: ( ) |
| Work: ( ) |
| I am picking up medications for myself. I agree to take them as prescribed. I am picking up medications for others in my household. I am authorized to sign for these people, and I agree to provide the medications and instructions to all of them. Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AEnter the name and date of birth of each person to receive medication.**Enter weight for any person under 90 Lbs.*****The person picking up the medications should be listed 1st*** | B | C |
| 1 | Name *(Last, First)* | 🗸if you have any of the following conditions:🞏 Pregnant or nursing🞏 Kidney failure/dialysis🞏 Taking birth control pills🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:🞏 Cipro (ciprofloxacin)🞏 Vibramycin (doxycycline)🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | *1**SNS Medication Label Here* |
| *For Office Use Only* adult: [ ]  Doxy [ ]  100 mg child: [ ]  Doxy Dosage:  |
|  [ ]  Cipro [ ]  500 mg [ ]  Cipro |
| 2 | Name *(Last, First)*: | 🗸if you have any of the following conditions:🞏 Pregnant or nursing🞏 Kidney failure/dialysis🞏 Taking birth control pills🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:🞏 Cipro (ciprofloxacin)🞏 Vibramycin (doxycycline)🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | *2**SNS Medication Label Here* |
| *For Office Use Only* adult: [ ]  Doxy [ ]  100 mg child: [ ]  Doxy Dosage:  |
|  [ ]  Cipro [ ]  500 mg [ ]  Cipro |
| 3 | Name *(Last, First)*: | 🗸if you have any of the following conditions:🞏 Pregnant or nursing🞏 Kidney failure/dialysis🞏 Taking birth control pills🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:🞏 Cipro (ciprofloxacin)🞏 Vibramycin (doxycycline)🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | *3**SNS Medication Label Here* |
| *For Office Use Only* adult: [ ]  Doxy [ ]  100 mg child: [ ]  Doxy Dosage:  |
|  [ ]  Cipro [ ]  500 mg [ ]  Cipro |
|  | **NAPH (name, address, patient history) Form (continued)** |  |
| 4 | Name *(Last, First)*: | 🗸if you have any of the following conditions:🞏 Pregnant or nursing🞏 Kidney failure/dialysis🞏 Taking birth control pills🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:🞏 Cipro (ciprofloxacin)🞏 Vibramycin (doxycycline)🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | *4**SNS Medication Label Here* |
| *For Office Use Only* adult: [ ]  Doxy [ ]  100 mg child: [ ]  Doxy Dosage:  |
|  [ ]  Cipro [ ]  500 mg [ ]  Cipro |
| 5 | Name *(Last, First)*:  | 🗸if you have any of the following conditions:🞏 Pregnant or nursing🞏 Kidney failure/dialysis🞏 Taking birth control pills🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:🞏 Cipro (ciprofloxacin)🞏 Vibramycin (doxycycline)🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | *5**SNS Medication Label Here* |
| *For Office Use Only* adult: [ ]  Doxy [ ]  100 mg child: [ ]  Doxy Dosage:  |
|  [ ]  Cipro [ ]  500 mg [ ]  Cipro |
| 6 | Name *(Last, First)*: | 🗸if you have any of the following conditions:🞏 Pregnant or nursing🞏 Kidney failure/dialysis🞏 Taking birth control pills🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:🞏 Cipro (ciprofloxacin)🞏 Vibramycin (doxycycline)🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | *6**SNS Medication Label Here* |
| *For Office Use Only* adult: [ ]  Doxy [ ]  100 mg child: [ ]  Doxy Dosage:  |
|  [ ]  Cipro [ ]  500 mg [ ]  Cipro |
| 7 | Name *(Last, First)*: | 🗸if you have any of the following conditions:🞏 Pregnant or nursing🞏 Kidney failure/dialysis🞏 Taking birth control pills🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:🞏 Cipro (ciprofloxacin)🞏 Vibramycin (doxycycline)🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | *7**SNS Medication Label Here* |
| *For Office Use Only* adult: [ ]  Doxy [ ]  100 mg child: [ ]  Doxy Dosage:  |
|  [ ]  Cipro [ ]  500 mg [ ]  Cipro |

**Screener:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dispenser:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**