

**EXPRESS
Family**

**Special Needs
DUR**

Client:

Last Name _____ First Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____

Medical History/Treatment Information

	Family Rep Named Above		Person #2		Person #3		Person #4		Person #5	
	First Name	Last Name	First Name	Last Name	First Name	Last Name	First Name	Last Name	First Name	Last Name
Age & Sex	M	F	M	F	M	F	M	F	M	F
Weight if Child										
Relationship to Family Representative										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Allergic to Doxycycline or Cipro										
Pregnant										
Breastfeeding										
Taking blood thinner (Coumadin)										
Taking seizure medication										
Kidney Dialysis										

I have read or have had explained to me the information on the fact sheets about the disease and medication. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefit and risks of the prescribed medication. I consent to receive the medication for myself, my children and other persons listed on this form. I will share the information with and distribute the medication to those persons listed.

I **refuse** the medication prescribed at this time for myself and those persons listed.

Signature of the person picking up the medication _____ Date _____

DO NOT WRITE IN THIS BOX-DISPENSING STAFF USE ONLY

Medication and Storage	<input type="checkbox"/> Doxy Tabs 100 mg BID <input type="checkbox"/> Doxy Liquid ____tsp BID <input type="checkbox"/> Cipro Tabs 500 mg BID <input type="checkbox"/> Cipro Liquid ____tsp BID	<input type="checkbox"/> Doxy Tabs 100 mg BID <input type="checkbox"/> Doxy Liquid ____tsp BID <input type="checkbox"/> Cipro Tabs 500 mg BID <input type="checkbox"/> Cipro Liquid ____tsp BID	<input type="checkbox"/> Doxy Tabs 100 mg BID <input type="checkbox"/> Doxy Liquid ____tsp BID <input type="checkbox"/> Cipro Tabs 500 mg BID <input type="checkbox"/> Cipro Liquid ____tsp BID	<input type="checkbox"/> Doxy Tabs 100 mg BID <input type="checkbox"/> Doxy Liquid ____tsp BID <input type="checkbox"/> Cipro Tabs 500 mg BID <input type="checkbox"/> Cipro Liquid ____tsp BID	<input type="checkbox"/> Doxy Tabs 100 mg BID <input type="checkbox"/> Doxy Liquid ____tsp BID <input type="checkbox"/> Cipro Tabs 500 mg BID <input type="checkbox"/> Cipro Liquid ____tsp BID
Qty Dispensed					
Manufacturer/Lot#					

Dispensed by _____ Date _____ Location/Site _____