

POSITIVE RECOVER SOLUTIONS

SUPPLEMENTAL FORM

Participant Name: _____

Jail Participant (if Yes Circle)

Participant DOB: _____

Coordinator Name: _____

Coordinator Phone/Extension, if applicable: _____

Location to be scheduled: _____

Has the Participant received a Vivitrol Injection in the past: Yes No

Has the Participant taken Revia/Oral Naltrexone in the past: Yes No

Date of last injection (if applicable): _____

Date of last use / How long has participant been substance free? _____

Pharmacy Information for oral Naltrexone (if applicable):

Notes: