

COPE SUBSTANCE ABUSE INFORMATION SHEET

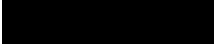
DATE: _____

DR/RN requesting follow up: _____

Was this an OPIOID overdose(Check one): YES:_____ NO:_____

Was Narcan Administered (Check one): YES:_____ NO:_____

Notes about PT and All Substance(s) taken.

Please fax the following papers to COPE Coalition 

1. Information Sheet
2. Authorization of Release Form
3. Face Sheet