

HALTON PHARMACY EXCHANGE MONITORING 2016 v4

PHARMACY CODE / STAMP _____ PHARMACY NAME _____ MONTH _____ YEAR _____

If the client is new, please tick the box in the "New" column

Initials	Date of Birth	Sex	New	Post code	Date of Visit	Main Injecting Drug	1ml Pack	2ml Pack	5ml Pack	Emergency 1ml Pack	Emergency 2ml Pack	Sharps Bins IN	Sharps Bins OUT
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Monitoring Form/Envelope Orders: **0151 231 4309**

General Enquiries: **0151 231 4309**

Sheet Number* (*Please fill in cumulative numbers if more than one sheet being submitted) © Public Health Institute 2016