

ANTIBIOTIC MEDICATION SCREENING FORM

I certify that all of the below information is correct to the best of my knowledge. I authorize the recipient of this document to share this information with public health entities at local, state and federal levels for purposes of ensuring medication efficacy and safety.

Phone: _____ Address: _____ ZIP Code: _____ Age: __ Signature: _____

INSTRUCTIONS: READ CAREFULLY		Step 2. Check (✓) in column ONLY if person has the condition(s) listed.								STAFF USE ONLY	
Step 1: <u>Print</u> the names of everyone you are picking up medications for today, starting with yourself		*Allergic to doxycycline, tetracycline, or other "cycline" ¹ drugs?	Pregnant?	*Allergic to ciprofloxacin, Levofloxacin, or other "floxacin" ² drugs?	Currently taking Tizanidine (Zanaflex)?	Has Myasthenia Gravis?	Currently has renal (kidney) disease?	Ever had SEIZURES or EPILEPSY?	Weights less than 76 pounds?	Unable to swallow pills?	Dispenser Name: _____
FIRST NAME	LAST NAME									Check all provided to client:	
										<input type="checkbox"/> Antibiotic Information Sheet <input type="checkbox"/> Disease Information Sheet <input type="checkbox"/> Pill Crushing Instructions (if needed) <input type="checkbox"/> Letter of Referral (Consult only)	
										Today's Date: ___ / ___ / ___	
											<input type="checkbox"/> Doxy ATTACH LABEL <input type="checkbox"/> Cipro WITH LOT #
											<input type="checkbox"/> Doxy ATTACH LABEL <input type="checkbox"/> Cipro WITH LOT #
											<input type="checkbox"/> Doxy ATTACH LABEL <input type="checkbox"/> Cipro WITH LOT #
											<input type="checkbox"/> Doxy ATTACH LABEL <input type="checkbox"/> Cipro WITH LOT #
											<input type="checkbox"/> Doxy ATTACH LABEL <input type="checkbox"/> Cipro WITH LOT #
											<input type="checkbox"/> Doxy ATTACH LABEL <input type="checkbox"/> Cipro WITH LOT #
STAFF USE ONLY										Consult Name: _____	
Dispensing Guide and Formula		No checkmarks		+ No checkmarks		+ No checkmarks		= Dispense doxycycline or ciprofloxacin			
		No checkmarks		+ With or without checkmarks		+ Checkmarks		= Dispense doxy w/ pill crushing instructions			
		Checkmarks		+ No checkmarks		+ No checkmarks		= Dispense ciprofloxacin			
		Checkmarks		+ Checkmarks		+ With/without		= Send to Consult highlight row			
		Checkmarks		+ With or without checkmarks		+ Checkmarks		= Send to Consult highlight row			

*In this case, Allergic means this person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication

¹ **Tetracycline Drug List:** demeclocycline (Declomycin); doxycycline (Adoxa, Alodox, Atridox, Avidoxy, Doryx, Doxy, Monodox, Morgidox, Ocudox, Oracea, Oraxyl, Periostat, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Solodyn, Ximino)

² **Quinolone Drug List:** ciprofloxacin (Cipro); gatifloxacin (Tequin); levofloxacin (Levaquin); moxifloxacin (Avelox); nadifloxacin (Acuatim); norfloxacin (Noroxin); ofloxacin (Floxin)