

State of Nevada Overdose Reporting Form



Provider Information

Attending Physician	Physician Phone	Physician Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
Person Reporting/Job Title	Reporter Phone	Reporter Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
Facility Name	Facility Phone	Report Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient Information

Name	<input type="text"/>	Address	<input type="text"/>	County	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Sex	Transgender	Race	Ethnicity	Marital Status	Date of Birth
Male Female	No Yes, MF Yes, FM Unknown	White Black Asian Native American Pacific Islander Other	Hispanic Non-Hispanic	Single Divorced Married Separated Widowed Unknown	<input type="text"/>
Primary Phone	<input type="text"/>	Social Security Number	<input type="text"/>		
Pregnancy EDC	<input type="text"/>	Occupation	<input type="text"/>		

Medical Information

Disposition of Patient	<input type="text"/>	
Date of Current Overdose or Suspected Overdose	Previous Known Overdose?	Was Laboratory Testing Ordered?
<input type="text"/>	Yes No Unknown	Yes (Attach Results) No
Medical Record Number	<input type="text"/>	

List the International Classification of Disease (ICD) 10 Diagnosis Codes related to the overdose or suspected overdose.

Notes