

State of Nevada Overdose Reporting Form



Nevada Department of
Health and Human Services
DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH

Provider	Attending Physician		Physician Phone		Physician Fax		
	Person Reporting/Job Title		Reporter Phone		Reporter Fax		
	Facility Name		Facility Phone		Report Date		
Patient	Name		Sex		Race		
			Female <input type="checkbox"/>		White <input type="checkbox"/>		
			Male <input type="checkbox"/>		Black <input type="checkbox"/>		
	Address		County		Asian <input type="checkbox"/>		
			Transgender		Native American <input type="checkbox"/>		
	City		State		Pacific Islander <input type="checkbox"/>		
	Zip		No <input type="checkbox"/>		Other <input type="checkbox"/>		
			Yes, MF <input type="checkbox"/>				
		Yes, FM <input type="checkbox"/>					
		Unknown <input type="checkbox"/>					
Primary Phone		Social Security Number		Pregnancy EDC		Ethnicity	
						Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	
Date of Birth		Marital Status				Occupation	
		Single <input type="checkbox"/>		Married <input type="checkbox"/>			
		Divorced <input type="checkbox"/>		Separated <input type="checkbox"/>			
				Widowed <input type="checkbox"/>			
				Unknown <input type="checkbox"/>			
Medical Information	Disposition of Patient		Previous Known Overdose?		Date of overdose or suspected overdose		
			Yes <input type="checkbox"/>				
			No <input type="checkbox"/>				
			Unknown <input type="checkbox"/>				
Was laboratory testing ordered?		Yes <input type="checkbox"/> Attach Results		Medical Record Number			
		No <input type="checkbox"/>					
List the International Classification of Disease (ICD) 10 Diagnosis Codes related to the overdose or suspected overdose.							
Notes							

Fax completed form to the Nevada Division of Public and Behavioral Health at 775-684-5999