



HARM REDUCTION ~ Client Contact Log

SITE: _____ MONTH & YEAR _____

Client #	1	2	3	4	5	6	7	8	9	10	TOTALS
DATE (Number ONLY)											
INITIALS (printed)											
Demographics	↓↓**One person per column**↓↓ Please CHECK OFF information below ↓↓										
Gender (guess)											
Age (guess)											
DRUG OF CHOICE (if discussed)											
SUPPLIES OUT	↓↓ Please RECORD NUMBER of supplies given (NOT just a check mark) ↓↓										
Stem Kit											
Bowl Kit											
1ml Needle Kit											
1ml Ultra-fine Kit											
3ml Needle Kit											
Steroid Kit											
ANY loose needles (indicate number provided)											
ANY loose supplies/other:	↓↓ Please RECORD NUMBER of supplies given (NOT just a check mark) ↓↓										
Alcohol Swabs											
Spoons or Steri-cups											
Water											
Vitamin C											
Tourniquets											
Foils (individual count)											
Other											
BIO BINS Given	↓↓ Please RECORD NUMBER of supplies given (NOT just a check mark) ↓↓										
Pocket bio bin (BLACK)											
1 litre bin											
4 litre bin											
23 litre pail											
30 litre bin											
NEEDLES RETURNED	↓↓ Please RECORD ESTIMATED NUMBER RETURNED ↓↓										
Returned Needles: Pocket bin =10 needles 1L= 60 needles 4L= 240 needles 30L = 1380 needles 68L (Kiosk) = 4100 needles											
General information	↓↓ Please CHECK any or all resources given or discussed with client ↓↓										
Addictions/Treatment Services											
RAAM information											