

Head of Household Form

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

1. For each question, circle "yes" or "no" for each person in your household.
2. If you do not know the answer to a question, leave it blank.
3. If you need another form, ask one of the clinic staff.

	YOU		Person #2		Person #3		Person #4		Person #5	
First Name AND Last Name										
Relationship to you	Self									
Allergic to doxycycline?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Allergic to ciprofloxacin?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Taking the drug tizanidine (Zanaflex®)?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Pregnant?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Less than nine years old?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
If yes, give age and weight, if known.	Age _____		Age _____		Age _____		Age _____		Age _____	
	Weight _____		Weight _____		Weight _____		Weight _____		Weight _____	

DO NOT WRITE BELOW THIS LINE (FOR POD STAFF ONLY)

<p>Instructions for POD Screening Staff: For each person choose the appropriate antibiotic</p> <ul style="list-style-type: none"> • Adults – check "Adult dose" box • Children less than nine years old – check "Child" box and mark the number of teaspoons needed every 12 hours using the pediatric dosing guide (every 8 hours if amoxicillin) 	<p>Ciprofloxacin</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 12 hrs	<p>Ciprofloxacin</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 12 hrs	<p>Ciprofloxacin</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 12 hrs	<p>Ciprofloxacin</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 12 hrs	<p>Ciprofloxacin</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 12 hrs	
	<p>Doxycycline</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 12 hrs	<p>Doxycycline</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 12 hrs	<p>Doxycycline</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 12 hrs	<p>Doxycycline</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 12 hrs	<p>Doxycycline</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 12 hrs	<p>Doxycycline</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 12 hrs
	<p>Amoxicillin</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 8 hrs	<p>Amoxicillin</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 8 hrs	<p>Amoxicillin</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 8 hrs	<p>Amoxicillin</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 8 hrs	<p>Amoxicillin</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 8 hrs	<p>Amoxicillin</p> <input type="checkbox"/> Adult dose <input type="checkbox"/> Child less than 9 _____ tsp every 8 hrs

INSTRUCTIONS FOR DISPENSING STAFF ONLY:

Adults – write name directly on an adult medication bottle. Give *medication information sheet*.
Children – write name and pediatric dosage on a label. Place the label on the suspension bottle or an adult medication bottle (if suspension is not available). Give *medication information sheet*. If suspension is not available, also give *medication crushing instructions sheet*.