

Daily Exchange Log

Agency (full name please) _____

Date: ___/___/___

Exchange Location: _____
(print street address, cross streets, or area)

Hours of Operation _____am/pm to _____am/pm

Team members(first and last initial only): _____

“C” or “E” for contact or encounter: a Contact is a brief interaction with a participant; an Encounter is a longer – more substantial interaction.

*Enter an “X” in box if this is participant's first enrollment in syringe exchange in NM. **Enter an “X” if participant is re-enrolling (if card has expired).

Indicate referrals to other services given during the visit (including internal referrals, i.e. to dental or medical services provided within an office/agency).

	C or E	Participant Code (First initial, first two letters of mother's maiden last name, year of birth – two digits, M/F/T, and county code)	*1 st En- roll- ment	**Re En- roll- ment	Number of Syringes Collected	Number of Syringes Disbursed	# of People getting Syringes	Hispanic or Latino	Ethnic Group A= African American N=Native American P=Pacific Islander W=white O=other U=Unknown**circle all that apply**	Referrals	Comments
1								Yes No	A N P W O U		
2								Yes No	A N P W O U		
3								Yes No	A N P W O U		
4								Yes No	A N P W O U		
5								Yes No	A N P W O U		
6								Yes No	A N P W O U		
7								Yes No	A N P W O U		
8								Yes No	A N P W O U		
9								Yes No	A N P W O U		
10								Yes No	A N P W O U		
11								Yes No	A N P W O U		
12								Yes No	A N P W O U		

Referral codes: HIV/HEP/STD Testing=1, Drug Treatment=2, Healthcare=3, Housing=4, Social Services=5, Legal Services=6, Job/Employment Services=7, Narcan=8, Other=9

of syringes collected: _____ # of syringes distributed: _____ # of people getting Syringes: _____

Totals: C: _____ < 12 yrs: _____ 13-18: _____ 19-24: _____ 25-34: _____ M: _____ F: _____ YES: _____ A: _____ N: _____ M: _____ P: _____
E: _____ 35-44: _____ 45-54: _____ 55-64: _____ 65+: _____ T: _____ NO: _____ W: _____ O: _____ U: _____