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LIST ALL
HOUSEHOLD
MEMBERS FOR
WHOM YOU ARE
PICKING UP
MEDICATIONS
TODAY, INCLUDING
YOURSELF

2

FOR EACH MEMBER OF YOUR HOUSEHOLD, ANSWER ALL THREE
QUESTIONS BELOW:

A	B	C	DECISION MATRIX – STAFF USE ONLY				
			Answer A	Answer B	Answer C	Provide	
			No	No / DK	No / DK	Doxy	
			Yes / DK	No / DK	No / DK	Cipro	
			Yes / DK	No / DK	Yes	Doxy	
			Yes / DK	Yes	No / DK	Cipro	
			Yes / DK	Yes	Yes	Refer	
			No	No / DK	Yes	Doxy	
			No	Yes	No / DK	Cipro	
No	Yes	Yes	Refer				
Last name	First Name	Yes, No or Don't Know?	Yes, No or Don't Know?	Yes, No or Don't Know?	CIRCLE MEDICATION TO BE PROVIDED STAFF USE ONLY		
					Doxy	Cipro	Refer
					Doxy	Cipro	Refer
					Doxy	Cipro	Refer
					Doxy	Cipro	Refer
					Doxy	Cipro	Refer
					Doxy	Cipro	Refer
					Doxy	Cipro	Refer
					Doxy	Cipro	Refer
			Add Totals Under Doxy & Cipro Columns:				
NCR Medication Screening Form		3	EACH PERSON SHOULD TAKE THE MEDICINE CIRCLED IN THEIR ROW.				