

Smart Works Client Visit Log



Legend:
R – Referral
T – Teaching
P – Pamphlet

*** Needles returned**
Biohazard containers estimated capacity:
FITPACK=12, 1.0L=50, 30L tote=1000

Site: _____

Month/Year: _____

Date / Time of visit	Gender M/F/T/U	Age	New or Return	Community Interaction (Black Box, Police, etc.)	Needles returned *	Drug info counselling	Safe Sex info	Basic medical care	Detox / drug treatment	Social services (housing, ODSP, OW)	Other types of referrals	Comments	Staff Initials

Submit monthly to e-mail: harmreduction@healthunit.org or Fax: 613-345-2566.