

Substance Abuse History

Name

Date (mm/dd/yyyy)

Instruction: If you are filling this out on behalf of the patient, please answer from the patient's perspective.

Do you have a history of any recreational drug use?

Yes

No

If yes, please fill out the table below to the best of your knowledge:

Amphetamines / Speed	Age of First Use	Age of Last Use	How was it taken?	Amount per day	Days per month
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Yes

No

Barbiturates / Downer	Age of first use	Age of last use	How was it taken?	Amount per day	Days per month
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Yes

No

Opiates	Age of first use	Age of last use	How was it taken?	Amount per day	Days per month
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Yes

No

Psychedelics (e.g. LSD, Ecstasy, bath salts)	Age of first use	Age of last use	How was it taken?	Amount per day	Days per month
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Yes

No

Inhalants (e.g. glue, aerosols)	Age of first use	Age of last use	How was it taken?	Amount per day	Days per month
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Yes

No

Cannabis / Marijuana / Hashish	Age of first use	Age of last use	How was it taken?	Amount per day	Days per month
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Yes

No

Benzodiazepines	Age of first use	Age of last use	How was it taken?	Amount per day	Days per month
Yes					
No					
PCP	Age of first use	Age of last use	How was it taken?	Amount per day	Days per month
Yes					
No					
Other	Age of first use	Age of last use	How was it taken?	Amount per day	Days per month
Other	Age of first use	Age of last use	How was it taken?	Amount per day	Days per month

Please return this form to the office one day prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.