Substance Use History Form

Patient Name	Social Security No.	Date

Address	Phone No.

Patterns of Use

	Past History		Present History		
Types of Chemicals Used	Age of First Use	Pattern / Dose & Frequency	Current Pattern / Dose & Frequency	Usual Route of Administration	Last Use-Date
Alcohol					
Cannabis					
Cocaine / Crack					
Heroin					
Narcotics					
Tranquilizers					
Amphetamines					
Inhalants					
Other					

Physical Signs and Symptoms

Is patient experiencing the following at present?

☐ Staggering gait	☐ Nervousness	☐ Nausea	☐ Tremors to extremities	☐ Agitation	☐ Cramping	☐ Tongue tremors
☐ Sweating	☐ Vomiting	☐ Slurred speech	☐ Headache	☐ Diarrhea	☐ Other	

Has patient experienced the following in the past: ***(in regard to chemical use or withdrawal)***

☐ DTs Date:	☐ Profuse sweating	☐ Night sweats	☐ Chest pain	☐ Smothering sensation		☐ Chills
☐ Fear of dying	☐ Shortness of breath	☐ Faintness	☐ Palpitations	☐ Seizures	☐ Fainting	☐ Sleeplessness
☐ Blackouts	☐ Panic	☐ Double vision	☐ Hallucinations	☐ Dizziness	☐ Other	

Diseases associated with chronic use:

☐ Cirrhosis	☐ Pancreatitis	☐ Gastritis	☐ Korsokoff's Syndrome

Patient's Perception

Are you an alcoholic?	☐ Yes	☐ No	☐ Not sure	Are you a drug addict?	☐ Yes	☐ No	☐ Not sure
Have you ever attempted to cut back on drinking/drug use?	☐ Yes	☐ No					
What is your history of abstinence?							
History of participation in 12-Step program and unable to maintain sobriety:	☐ Yes	☐ No					
What are your spiritual beliefs?							
Have you ever felt guilty about your drinking/drug use?	☐ Yes	☐ No		Do you use or drink alone?	☐ Yes	☐ No	
Increased tolerance (need more to feel good):	☐ Yes	☐ No					
Decreased tolerance (use a little to get high or intoxicated):	☐ Yes	☐ No					

Legal Problems				
☐ Denies any problems				
☐ Automobile accidents: # and nature:				
☐ DUI charges/convictions: # and dates:				
☐ Possession w/intent to sell: # and nature:				
☐ Misdemeanor charges/convictions: # and nature:				
☐ Felony charges/convictions: # and nature:				
Are charges pending?	☐ Yes	☐ No	What charges?	
Are you on probation?	☐ Yes	☐ No	Comments:	
Are you on parole?	☐ Yes	☐ No	Comments:	

Have you ever inflicted self-injury while under the influence?	☐ Yes	☐ No If yes, explain	
Have you ever harmed anyone else while under the influence?	☐ Yes	☐ No If yes, explain	

Previous Treatment

Prior CD / Psychiatric Hospitalizations / Treatment

Date	Completed Program Y/N	Type Program / Reason for Admission	Length of Sobriety	Follow-up / Outcome