Patient Questionnaire

Name: ____
Date of Birth: ________________ **Age:** __________

Medication Allergies:

____
____
____

Current medications:

____
____
____
____
____

Physician diagnosed medical problems:

____
____
____

Past surgeries:

____
____
____

1. Does your _____Father _____Mother _____Brother(s) _____Sister(s) have a history of alcohol or drug abuse? ____________________________________
2. Do you smoke? ____________________ If yes, do you understand the need to stop use of all tobacco products immediately? ________________________
3. Do you use alcohol? ______________ If yes, would you describe your use as -- Minimal _________ Moderate ____________ Heavy_______________
4. Have you ever been treated or diagnosed with Alcoholism / Alcohol Abuse / Drug Addiction / Drug Abuse? ____

5. Do you think you are an alcoholic or a drug addict? __________________________
6. Have you abused prescription medications (your own or someone else's)? _____________ Type?
   ____
   ____
7. Have you been convicted of any type of drug or alcohol related crime within the past 10 years?
   ____
   If yes, what was the charge and punishment (sentence) passed down?
   ____
8. What pharmacy will you be utilizing ?
   ____
9. Do you understand that providing non-functional or unreachable phone numbers &/or addresses will in all likelihood result in treatment discontinuation at this facility?
   ____
   Phone # ____________________________ Cell # _______________________________
10. Do you agree after reading, accepting, and signing today's documents and treatment agreement that violation or infringement of your treatment agreement will/may result in immediate discontinuation of treatment with DEA controlled medications without legal recourse or remedy sought on your behalf? YES ___________ NO_____________
11. Do you understand inappropriate/improper use of prescribed or non prescribed medications may/will KILL YOU? YES _________ NO ________
12. Is it your statement that you have answered all questions and inquiries in a truthful and honorable manner? YES _______ NO ________

____ _________________________

Signature **Date**