New Patient Questionnaire

Name: _____ Date: _____

Date of birth: _____

What drugs are you using at this time?
( ) Heroin
( ) Oxycontin
( ) Percocet, Vicodin
( ) Mscontin
( ) Methadone
( ) Cocaine
( ) Methamphetamine
( ) Benzodiazepines (Klonopin, Xanax, lorazepam, Ativan, Valium)
( ) Alcohol
( ) Marijuana
( ) Other _____

For how long have you been taking it? _____

How much per day? _____

How do you take it? _____
(pill, snort, smoke, inject)

At what age did you first use any narcotic or illicit substance? _____

What was your first illicit substance(s)? _____
(Vicodin, Percocet, Heroin, Methamphetamine, Cocaine, Alcohol, Marijuana)

Have you ever taken a narcotic drug prescribed to a relative or friend? ___

At what age did you receive your first prescribed narcotic (by doctor or hospital)? _____

Do you smoke cigarettes? ( ) Y ( ) N

Do you use caffeine? ( ) Y ( ) N

Have you ever overdosed? ( ) Y ( ) N

Have you ever been hospitalized because of an overdose? ( ) Y ( ) N

Have you had any drug abuse treatment? ( ) Y ( ) N

If yes, how many times to each type?
____ Detox program
____ Drunk driver program
____ Residential program (rehab or half-way house)
____ Outpatient Counseling
____ Buprenorphine/Suboxone/Bunavail treatment
____ Methadone maintenance
____ 12-step program
____ Other

How many attempts have you made to get clean? _____

What is the longest period of time you have been clean? _____

Have you had legal problems as a result of your use? ( ) Y ( ) N

Do any family members have a history of substance abuse? ( ) Y ( ) N

If yes, which members? _____

If yes, what are they using? _____

Health History:

Are you allergic to any medications? _____

Please list all medications you are currently taking: _____

_____ _____

_____ _____

_____ _____

Do you take birth control pills? ( ) Y ( ) N

Please mark any of the following medical conditions for which you have been diagnosed:
( ) Heart Disease
( ) Cancer
( ) Diabetes
( ) High Blood Pressure
( ) Thyroid Disease
( ) Liver Disease
( ) Asthma
( ) Seizure Disorder

( ) Head Trauma
( ) Hepatitis
( ) HIV
( ) Endocarditis
( ) Skin Infection
( ) Abscesses
( ) Pancreatic Problems
( ) Other: _____

Are you pregnant? ( ) Y ( ) N ( ) Not sure

Mental Health History:

Have you ever been diagnosed with any mental health condition ( ) Y ( ) N

If yes, please select any that apply:

( ) Anxiety
( ) Depression
( ) Bipolar
( ) Schizophrenia
( ) Obsessive compulsive disorder (OCD)
( ) Post traumatic stress disorder (PTSD)
( ) Attention deficit disorder (ADD)
( ) Panic attacks
( ) Other: _____

Please list any medications you are taking for these problems: _____

_____

Are you currently seeing a psychiatrist, psychologist or counselor? ( ) Y ( ) N

Have you ever been hospitalized for any mental health issue? ( ) Y ( ) N

Social History:

What is the highest level of your education? _____

Are you currently in school? ( ) Y ( ) N

Are you currently employed? ( ) Y ( ) N

What kind of work do you do? _____

How many hours per week do you work? _____
What kind of work did you do in the past? _____

_____

What is your current living arrangement?

( ) Alone in a house or apartment that I own
( ) Alone in a house or apartment that I rent
( ) With a spouse/partner/significant other in a house or apartment that we own
( ) With a spouse/partner/significant other in a house or apartment that we rent
( ) In a house or apartment owned or rented by family or friends
( ) Hotel
( ) Group home
( ) Other _____

Are there any small children living with you?	( ) Y	( ) N
Do you, or have you ever used at home?	( ) Y	( ) N
Has anyone you live with ever used drugs?	( ) Y	( ) N
Are they currently using?	( ) Y	( ) N
Are you satisfied with the support you get from your partner?	( ) Y	( ) N
Are you satisfied with the support you get from your friends?	( ) Y	( ) N
Are you satisfied with the support you get from your family?	( ) Y	( ) N
Do you have a valid driver license and a reliable vehicle?	( ) Y	( ) N
Would you be able to come to the office within 24 hours' notice?	( ) Y	( ) N

What are your goals for treatment? _____

_____

_____

_____

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