

ICU Admission Substance Use History Form

Patient Information

Patient Name:

Medical Record Number:

Date of Admission:

Substance Use History

Tobacco Use:

☐ Current ☐ Former ☐ Never

Packs/Day:

Years Tobacco Used:

Alcohol Use:

☐ Current ☐ Former ☐ Never

Drinks/Day:

Years Alcohol Used:

Illicit Drug Use:

☐ Current ☐ Former ☐ Never

Type(s) of Drug(s):

Years Drug Used:

Other Relevant History

Substance Withdrawal History:

Comments / Other: