Substance Use History Assessment

Patient Name
Date of Assessment
Substances Used (List all known)
,
Age at First Use
Most Recent Use
Frequency of Use
Typical Amount Used
Route of Administration
Periods of Abstinence
Previous Treatment Attempts (describe)
Withdrawal Symptoms (if any)

Consequences of Use (health, legal, social, work, etc.)

Family History of Substance Use		
Comments/Additional Notes		