

# DRUG HISTORY

DATE: \_\_\_\_\_

(How Used)

DRUGS	(Ever Used)		(First Used)	(Last Used)	Smoked		(Adverse	(Legal
	Yes	No	Year	Mo & Yr	Inject	Ingest	Effects)	Problems)
TOBACCO								
ALCOHOL								
METH								
HEROIN								
COCAINE								
LSD								
ECSTACY								
PCP								
PSILOCYBIN								
MARIJUANA								
AMYL NITRITE								
NITROUS OXIDE								

## PERScription DRUGS

TRANQUILIZERS								
SEDATIVES								
DIET PILLS								

**HAVE YOU EVER HAD LEGAL CHARGES REGARDING CANNABIS?**  
**PLEASE CIRCLE YES or NO**