

6. Drug History

Drugs	Year First Used	Last Year Used	Smoked/ingest/injected	Adverse Effects	Legal Problems
ALCOHOL					
AMYL NITRATE					
COCAINE					
ECSTACY					
HEROIN					
LSD					
MARIJUANA					
METH					
NITRUS OXIDE					
PCP					
TOBACCO					

Prescription Drugs

DIET PILLS					
NARCOTICS					
SEDATIVES					
TRANQUILIZERS					

Have you **EVER** had legal charges regarding Marijuana? YES NO

Check (✓) conditions you have or have had in the past

- | | |
|---|---|
| <input type="radio"/> AIDS | <input type="radio"/> Kidney Disease |
| <input type="radio"/> Appendicitis | <input type="radio"/> Liver Disease |
| <input type="radio"/> Arthritis | <input type="radio"/> Measles |
| <input type="radio"/> Asthma | <input type="radio"/> Migraine Headaches |
| <input type="radio"/> Bleeding Disorders | <input type="radio"/> Multiple Sclerosis |
| <input type="radio"/> Breast Lump | <input type="radio"/> Mumps |
| <input type="radio"/> Cancer | <input type="radio"/> Pacemaker |
| <input type="radio"/> Cataracts | <input type="radio"/> Polio |
| <input type="radio"/> Chicken Pox | <input type="radio"/> Pneumonia |
| <input type="radio"/> Chemical Dependency | <input type="radio"/> Prostate Problems |
| <input type="radio"/> Diabetes I / II | <input type="radio"/> Rheumatic Fever |
| <input type="radio"/> Emphysema | <input type="radio"/> Scarlet Fever |
| <input type="radio"/> Epilepsy | <input type="radio"/> Stroke |
| <input type="radio"/> Glaucoma | <input type="radio"/> Thyroid Problem |
| <input type="radio"/> Heart Disease | <input type="radio"/> Tuberculosis |
| <input type="radio"/> Hepatitis A, B, C, D, E | <input type="radio"/> Ulcers Venereal Disease |
| <input type="radio"/> Herpes | |
| <input type="radio"/> High Cholesterol | |
| <input type="radio"/> HIV Positive | |

Anxiety caused by the following:

- Post-Traumatic Stress Disorder
- Attention Deficit Disorder
- Bipolar Disorder
- Attention Deficit Hyperactivity Disorder
- Used Ritalin or a related medication as a child
- Was abused as a child or teen
- Anxious to be at large places with lots of people
- Anxious around groups of people

Risk Factor

- Unsafe Sex
- Needle Use
- Exposed to Hazardous Substance

Describe serious injuries, illness or operations

When	What
<input type="radio"/> _____	<input type="radio"/> _____
<input type="radio"/> _____	<input type="radio"/> _____
<input type="radio"/> _____	<input type="radio"/> _____
<input type="radio"/> _____	<input type="radio"/> _____