

SUBSTANCE SURVEY FORM

Name: _____ Date: _____

1. List the chief complaints you would like addressed: *(continued on back)*

2. Please list any prescription medications you are currently taking or have taken in the last year: *(continued on back)*

MEDICATIONS/LENGTH OF TIME TAKEN

DIAGNOSIS

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3. Please list any over-the-counter medications you are currently taking or have taken in the last year: *(continued on back)*

PRODUCT

SYMPTOM

QUANTITY & FREQUENCY

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Entries continued for areas 1., 2., 3., of the front side

1. List the chief complaints you would like addressed: *(continued)*

2. Please list any prescription medications you are currently taking or have taken in the last year: *(continued)*

MEDICATIONS/LENTTH OF TIME TAKEN

DIAGNOSIS

MEDICATIONS/LENTTH OF TIME TAKEN	DIAGNOSIS
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3. Please list any over-the-counter medications you are currently taking or have taken in the last year: *(continued)*

PRODUCT

SYMPTOM

QUANTITY & FREQUENCY

PRODUCT	SYMPTOM	QUANTITY & FREQUENCY
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