

- c. Name of drug: _____ Usual dose: _____
Purpose for drug: _____ How often taken: _____
- d. Name of drug: _____ Usual dose: _____
Purpose for drug: _____ How often taken: _____
- e. Name of drug: _____ Usual dose: _____
Purpose for drug: _____ How often taken: _____

3. List all the herbal medicines, vitamins or supplements you sometimes use:

- a. Name of product: _____
Purpose for taking it: _____
- b. Name of product: _____
Purpose for taking it: _____
- c. Name of product: _____
Purpose for taking it: _____
- d. Name of product: _____
Purpose for taking it: _____

4. Have you ever taken a street drug that was not prescribed by a doctor?

Yes No

5. Have you ever been told you had, been diagnosed with or been treated for: drug dependency, drug addiction, drug abuse, any drug problem, or alcoholism? (Even if you believe the diagnosis was wrong, you should still answer "yes").

Yes No

If yes, describe: _____

6. Have you ever had a bad reaction to a drug?

Yes No

If yes, describe: _____

