



## Client Use History

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Chemical	Age Began	Last Use	Recent Pattern of Use	Heaviest Time Amount	Route (snort, inject, etc.)
Alcohol					
Cannabis					
Synthetic Marijuana					
Nicotine					
Amphetamines, Diet Pills, Adderall					
Cocaine/Crack					
Benzodiazepine, Xanax, Valium, Librium, etc.					
Sedative Sleeping Medications					
Opioids					
Hallucinogens					
Inhalants, glue, gas, nitrous, oxide poppers, paint thinner, etc.					
Steroids					
K2/SPICE					
Heroin					
Other: cough syrup, Nyquil, cold medications, etc.					

Signature \_\_\_\_\_

Date \_\_\_\_\_