

Patient Alcohol and Drug Use Form Case History

Directions: Your instructor will read this case history aloud. Use it to fill out the Patient Alcohol and Drug Use Form.

Ed is 33 years old. He smokes one pack and a half of cigarettes a day. He's been smoking since he was 15 years old.

He likes to have a beer or two on Friday night after work with his friends. He usually doesn't drink during the week. He sometimes keeps some beer in the refrigerator and he will drink a bottle on Saturday or Sunday if he's watching sports on TV.

Ed used to smoke a lot of marijuana when he was younger. Now he'll smoke a joint if he's at a party, but he doesn't usually keep pot around the house. He smokes pot about once a month.

Patient Medical History Form, Alcohol and Drug Use

Directions: Read the case history of Ed. Fill out this form for Ed. Be prepared to share your answers with the class.

Tobacco Use

1. Do you or have you ever smoked or chewed tobacco?
Yes _____ No _____

Type of Tobacco	Amount	Frequency (How often)	Years of Use	Last Used

Alcohol/Drug Use

2. Do you or have you ever used alcohol products?
Yes _____ No _____

Type	Usual Amount	Usual Frequency (How often)
Beer		
Wine		
Liquor (mixed drinks)		

3. Do you now or have you ever used drugs? Yes _____ No _____

Type	Route (e.g., inject, snort, smoke)	Frequency (How often)	Years of Use	Last Used
Cocaine				
Marijuana				
Heroin (opiates)				
Other				

4. Have you ever felt you should cut down on your drinking or drug use?
Yes _____ No _____
5. Have you ever felt annoyed when other people criticize your drinking/drug use?
Yes _____ No _____
6. Have you ever felt guilty about your drinking/drug use?
Yes _____ No _____
7. Have you ever had a drink/drug first thing in the morning to feel better?
Yes _____ No _____
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Patient Medical History Form, Alcohol and Drug Use

Directions: Read this form. Fill in the form with your information. You do not need to share this with your instructor or the class.

Tobacco Use

1. Do you or have you ever smoked or chewed tobacco?
Yes _____ No _____

Type of Tobacco	Amount	Frequency (How often)	Years of Use	Last Used

Alcohol/Drug Use

2. Do you or have you ever used alcohol products?
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Type	Usual Amount	Usual Frequency (How often)
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